Manitoba Health

Annual Report
2011 – 2012

Manitoba

MINISTER
OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba R3C 0V8
CANADA

His Honour the Honourable Philip S. Lee, C.M., O.M.
Lieutenant Governor of Manitoba
Room 235, Legislative Building
Winnipeg, Manitoba
R3C 0V8

May It Please Your Honour:

I have the privilege of presenting the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2011/12. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

Respectfully submitted,

original signed by

Theresa Oswald
Minister of Health

Manitoba
Health
Deputy Minister of Health
Winnipeg MB R3C 0V8

Honourable Theresa Oswald
Minister of Health

Dear Minister:

I am pleased to present the Annual Report of Manitoba Health (MH) and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2011/12.

Major achievements of the Department for the fiscal year 2011/12 included:

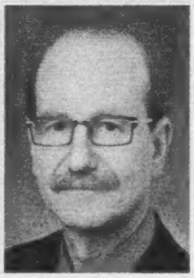
- Launched the Cancer Wait Time Strategy entitled "Transforming the Cancer Patient Journey in Manitoba." This initiative aims to reduce the total patient journey from up to nine months to two months or less.
- Supported initiatives, such as *A Family Doctor for Every Manitoban by 2015*, which continue to sustain the nurse practitioner, Quick Care and mobile clinics while expanding the successful Advanced Access care model in the province.
- Renewed the Aging in Place/Long Term Care Plan to increase and strengthen community support and living options, such as home care and supportive housing.
- Increased physicians in Manitoba, demonstrating continued improvement in the recruitment and retention of physicians.
- Improved health provider education, recruitment and retention strategies by supporting medical enrolment and rural medical studies and by keeping medical school tuitions affordable.
- Introduced a fixed-wing southern air ambulance initiative to provide inter-facility air ambulance service.
- Improved services, gender-based research and policies, and increased awareness about women's health issues through *The Women's Health Strategy*. Other strategies such as *The Breast Feeding Strategy* are also demonstrating positive results.
- Added Champix, a stop smoking drug, to the Manitoba drug formulary to help reduce the incidence of diseases like lung cancer and stroke.
- Continued to increase utilization of Manitoba Telehealth.
- Supported a plan to have 200 Manitoba health system stakeholders receive training in area-specific quality improvement methodology (i.e. Lean Six Sigma, Advanced Access and Releasing Time to Care).
- Completed construction of a number of capital projects including a renal health dialysis unit in Berens River, a six-station renal health unit in Hodgson, Western Manitoba Cancer Centre in Brandon, a new Bilingual Service Centre in Ste. Anne, a South Winnipeg Birth Centre, and Victoria General Hospital's Emergency and Outpatient Redevelopment.
- Funded and supported an online organ and tissue donation registry to increase organ transplants and access to life saving organ donations. *The Organ and Tissue Donation Awareness Day Act* came into force effective June 16, 2011.

Amended, enacted or partially proclaimed other health related statutes for the fiscal year 2011/2012 such as: *The Defibrillator Public Access Act*, *The Regional Health Authorities Amendment Act* (Accountability and Transparency), *The Prescription Drugs Cost Assistance Amendment Act* (Prescription Drug Monitoring and Miscellaneous Amendments) and *The Regulated Health Professions Act*.

During 2011/12, Manitoba Healthy Living, Seniors and Consumer Affairs (HLSCA) assumed responsibility for administering the Mental Health and Spiritual Health Care Branch, including provincially funded mental health agencies. There is an ongoing commitment by Manitoba Health and HLSCA to maintain a strong linkage and alignment of mental health and spiritual care services as part of the continuum of services in Manitoba's health system.

It is my pleasure to thank Manitoba Health's hard-working staff and others across the health care system for their commitment and dedication in making these important achievements possible. Without compassion and caring, it would be impossible to sustain and improve the health of Manitobans. Together, we will continue to build capacity and sustain our health care system now and in the future.

Respectfully submitted,



original signed by

Milton Sussman
Deputy Minister of Health

Manitoba
Santé
Sous-ministre de la Santé
Winnipeg (Manitoba) R3C 0V8

Madame Theresa Oswald
Ministre de la Santé

Madame la Ministre,

J'ai le plaisir de vous présenter le rapport annuel du ministère de la Santé du Manitoba ainsi que le rapport annuel du Régime d'assurance-maladie du Manitoba pour l'exercice financier 2011-2012.

Les principales réalisations du ministère au cours de l'exercice financier 2011-2012 comprennent ce qui suit :

- le lancement de la stratégie de réduction des délais d'attente pour le traitement du cancer, intitulée « Transforming the Cancer Patient Journey in Manitoba ». Cette initiative vise à réduire la durée des délais d'attente, les faisant passer d'un maximum de neuf mois à deux mois ou moins;
- l'appui de diverses initiatives dans la province, notamment celle qui permettra à tous les Manitobains d'avoir un médecin de famille d'ici 2015, qui continuent de soutenir les cliniques express et les unités mobiles dont le personnel est composé d'infirmières et d'infirmiers praticiens, tout en développant le modèle d'accès avancé aux soins, qui connaît un franc succès;
- le renouvellement de la Stratégie de vieillissement chez soi et de soins de longue durée pour augmenter et améliorer les possibilités de logement et de soutien communautaires, notamment les soins à domicile et les logements avec services de soutien;
- l'augmentation du nombre de médecins au Manitoba, faisant ainsi preuve d'une amélioration continue du recrutement et de la fidélisation des médecins;
- l'amélioration des stratégies de formation, de recrutement et de fidélisation des fournisseurs de soins de santé en encourageant les inscriptions dans les programmes de médecine ainsi que les études de médecine en milieu rural et en faisant en sorte que les frais de scolarité des écoles de médecine restent abordables;
- la mise en place d'une ambulance aérienne à voilure fixe, qui desservira le sud de la province, dans le but d'offrir un service d'ambulance aérienne entre les établissements;
- l'amélioration des services, des politiques et de la recherche fondée sur la différence entre les sexes, et une meilleure connaissance des questions relatives à la santé des femmes grâce à la Stratégie en matière de santé féminine. D'autres stratégies, dont la stratégie pour la promotion de l'allaitement maternel, donnent également des résultats positifs;
- l'ajout de Champix, un médicament qui aide à arrêter de fumer, à la liste de médicaments du Manitoba afin de réduire l'incidence de maladies telles que le cancer du poumon et les accidents vasculaires cérébraux;
- l'augmentation continue de l'utilisation du programme Télésanté Manitoba;
- le soutien d'un plan qui prévoit la formation de 200 intervenants du système de santé du Manitoba sur les méthodologies d'amélioration de la qualité dans des domaines particuliers (dont Lean Six Sigma, Accès avancé et Releasing Time to Care);

- l'achèvement de la réalisation d'un certain nombre de projets d'immobilisations, y compris un nouveau service de dialyse à Berens River, une nouvelle unité de service de santé rénale à six lits à Hodgson, le Centre de lutte contre le cancer dans l'ouest du Manitoba à Brandon, un nouveau centre de services bilingues à Sainte-Anne, un centre de naissance dans le sud de Winnipeg et le réaménagement du service des urgences ainsi que du service pour les patients externes du Victoria General Hospital;
- le financement et le soutien du registre en ligne de don d'organes et de tissus afin d'augmenter le nombre de transplantations d'organes qui permettent de sauver des vies. La *Loi sur la journée de sensibilisation aux dons d'organes et de tissus* est entrée en vigueur le 16 juin 2011;
- la modification, l'adoption ou la promulgation partielle d'autres lois qui se rapportent à la santé pour l'exercice financier 2011-2012, dont la *Loi sur l'accès du public aux défibrillateurs*, la *Loi modifiant la Loi sur les offices régionaux de la santé (responsabilisation et transparence)*, la *Loi modifiant la Loi sur l'aide à l'achat de médicaments sur ordonnance (contrôle de certains médicaments couverts et modifications diverses)* et la *Loi sur les professions de la santé réglementées*.

Au cours de l'exercice 2011-2012, le ministère de la Vie saine, des Aînés et de la Consommation a été chargé d'administrer la Direction de la Santé mentale et des soins spirituels, ainsi que des organismes de santé mentale subventionnés par la Province. Santé Manitoba et Vie saine, Aînés et Consommation maintiennent leur engagement envers la promotion de liens forts et l'harmonisation des services de santé mentale et de soins spirituels dans le cadre de la gamme de services du système de santé du Manitoba.

Je remercie le personnel dévoué de Santé Manitoba et les autres personnes du système de soins de santé de leur engagement et de leur dévouement à rendre possibles ces importantes réalisations. Sans compassion ni bienveillance, il serait impossible de maintenir et d'améliorer la santé des Manitobains et des Manitobaines. Ensemble, nous continuerons à renforcer les capacités et à soutenir notre système de soins de santé dans l'avenir, comme nous le faisons aujourd'hui.

Le tout respectueusement soumis,

original signed by

Milton Sussman
Sous-ministre de la Santé

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Preface/Introduction

Report Structure

This Annual Report is organized in accordance with Manitoba Health appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2012. It provides information on Manitoba Health and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to Manitoba Health's strategic direction, actual results, financial performance and variances. A five-year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*. A report on any disclosures of wrongdoing, as directed under *The Public Interest Disclosure (Whistleblower Protection) Act*, has been included in Appendix IV.

Role and Mission

Manitoba Health is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated vision of Manitoba Health is "Healthy Manitobans through an appropriate balance of prevention and care." Manitoba Health leads the way to quality health care built with creativity, compassion, confidence, trust and respect, and plays a leadership role in promoting prevention and positive health practices.

It is the mission of Manitoba Health "to meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time." This mission is accomplished by providing strategic direction and leadership to the provincial health system. This includes defining provincial goals, setting priorities, establishing standards and policies based on evidence and best practice, promoting quality and safety, encouraging innovation, allocating resources within the framework of provincial legislation, and assuring accountability while balancing health service needs with fiscal responsibility. Manitoba Health also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services. Most direct services are delivered through regional health authorities, and other health care organizations; however, the department manages the direct operations of, for example, the Selkirk Mental Health Centre, Cadham Provincial Laboratory and provincial nursing stations.

Report Context

Manitoba Health administers the most complex and publicly visible social program provided by the Manitoba government. The program is delivered partially by the department and partially through grant agencies, arm's length health authorities, independent physicians, or other service providers paid through fee-for-service or alternate means. It is a complex combination of insured benefits, funded services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly regulated but privately provided services such as proprietary personal care homes.

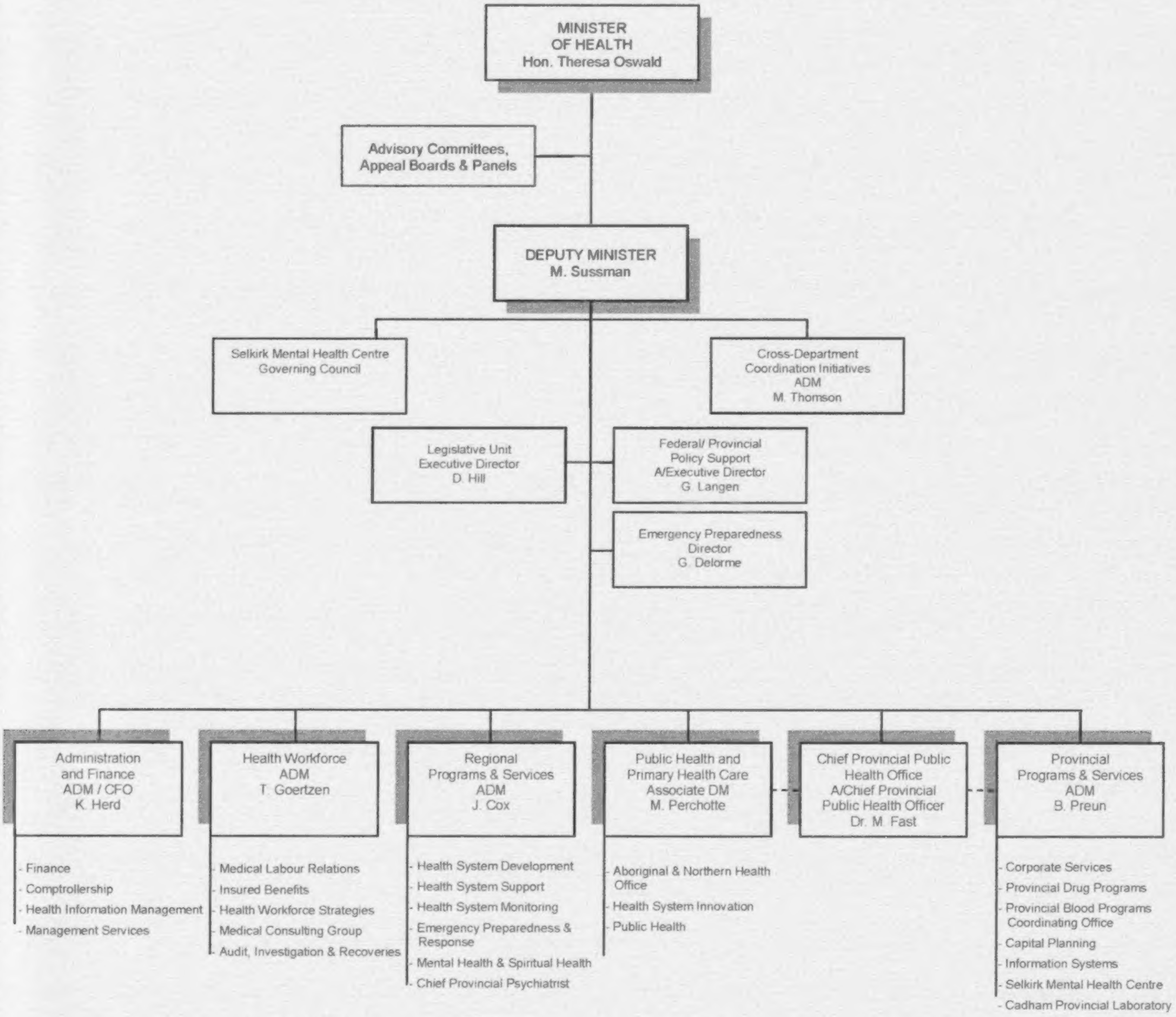
It is important to consider that many factors affect the health of Manitobans, such as family history, gender, culture, education, employment, income, the environment, coping skills and social support networks. "Health" is not merely the absence of disease. It embraces complete physical, mental and social well-being.

Organization

This annual report is organized in accordance with Manitoba Health appropriation structure, which reflects the organization chart as of March 31, 2012.

MANITOBA HEALTH ORGANIZATION CHART

Effective March 31, 2012


MINISTER OF HEALTH
Hon. Theresa Oswald
Advisory Committees, Appeal Boards & Panels
DEPUTY MINISTER
M. Sussman
Selkirk Mental Health Centre Governing Council
Cross-Department Coordination Initiatives
ADM
M. Thomson
Legislative Unit
Executive Director
D. Hill
Federal/ Provincial Policy Support
A/Executive Director
G. Langen
Emergency Preparedness
Director
G. Delorme
Administration and Finance
ADM / CFO
K. Herd
- Finance
- Comptrollership
- Health Information Management
- Management Services
Health Workforce
ADM
T. Goertzen
- Medical Labour Relations
- Insured Benefits
- Health Workforce Strategies
- Medical Consulting Group
- Audit, Investigation & Recoveries
Regional Programs & Services
ADM
J. Cox
- Health System Development
- Health System Support
- Health System Monitoring
- Emergency Preparedness & Response
- Mental Health & Spiritual Health
- Chief Provincial Psychiatrist
Public Health and Primary Health Care
Associate DM
M. Perchotte
- Aboriginal & Northern Health Office
- Health System Innovation
- Public Health
Chief Provincial Public Health Office
A/Chief Provincial Public Health Officer
Dr. M. Fast
Provincial Programs & Services
ADM
B. Preun
- Corporate Services
- Provincial Drug Programs
- Provincial Blood Programs Coordinating Office
- Capital Planning
- Information Systems
- Selkirk Mental Health Centre
- Cadham Provincial Laboratory

Administration and Finance

Minister's Salary

The objectives were:
In accordance with the goals and strategic priorities established by the Premier and Cabinet:

- To provide leadership and policy direction for the renewal of the health system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans.

1(a) Minister's Salary

Expenditures by Sub-Appropriation	**Actual 2011/12 $(000's)**	**FTE**	**Estimate 2011/12 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Salaries and Employee Benefits	37	1.00	37	-	
Other Expenditures					
Total Sub-Appropriation	**37**	**1.00**	**37**	**-**	

Executive Support

The objectives were:

- To provide executive support to the Minister of Health in achieving department objectives, through strategic leadership, management, policy development, program determination, and administration of the department and broadly defined health services delivery system.

1(b) Executive Support

Expenditures by Sub-Appropriation	**Actual 2011/12 $(000's)**	**FTE**	**Estimate 2011/12 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Salaries and Employee Benefits	1,146	15.00	1,012	134	
Other Expenditures	135		164	(29)	
Total Sub-Appropriation	**1,281**	**15.00**	**1,176**	**105**	

Finance

Finance is comprised of the following:

Comptrollership
Regional Financial Support
Health Information Management
Management Services Branch

Comptrollership

The objectives were:

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.
- To ensure that financial reporting from departmental programs, health authorities and external agencies is efficient, accurate and consistent.

- To ensure an equitable personal care home rate structure and a level of revenue that partially offsets the total cost of long-term care for RHAs, through the management of the assessment and appeal process.

The expected and actual results for 2011/12 included:

1. Effective and efficient use of tangible and fiscal resources for departmental programs, health authorities and external agencies consistent with the established priorities of the department and government.
   - Based on departmental priorities, established guidelines and policies, Manitoba Health was able to effectively and efficiently utilize the tangible and fiscal resources of the department to provide relevant budgets to departmental programs, RHAs and external agencies.

2. Efficient and accurate preparation of annual planning and reporting documents, ex: Estimates, quarterly financial reports and other financial reports or documents.
   - Estimates, Supplementary Information for Legislative Review, quarterly financial reports, the annual report and other financial reports or documents were prepared in accordance with legislative requirements, Treasury Board and senior management requirements within established deadlines.

3. Efficient, accurate information provided to government on the fiscal status of Manitoba Health.
   - Monthly and quarterly financial reports, the annual report and other financial reports or documents on the fiscal status of Manitoba Health were prepared in a timely manner.

4. Equitable rate structure for the Residential Charges Program.
   - Through management of rate assessment and the review of residential charges policies to provide for a more efficient appeal process for all long- term care clients, Manitoba Health was able to provide an equitable rate structure for the residential charges program.

Regional Financial Support

The objectives were:

- To provide support, consultation and analysis to departmental programs, health authorities and agencies to facilitate a common understanding of financial information, legislative and reporting requirements, and methodologies.
- To develop and monitor processes that enable Manitoba Health to set expectations and assess financial results of health authorities and other health organizations.
- To provide distribution of funds to health authorities and other health organizations in accordance with departmental priorities and legislation.
- To monitor health authorities' financial and operational results including in-year variance reports and future year Estimates projections.
- To provide support, consultation, analysis and findings to health authorities and agencies for their capital construction and equipment requirements.

The expected and actual results for 2011/12 included:

1. Consistent and reliable financial reporting to Manitoba Health from health authorities and other agencies.
   - Received financial monitoring, completed financial templates and other reports regarding identification of required deliverables on monthly, quarterly and annual timelines as established by Manitoba Health.
   - Analyzed financial reporting received from health authorities and other agencies for accuracy and consistency and verified through consultation with various internal and external stakeholders.
   - Reviewed processes continually for efficiencies and improvement opportunities.

2. Efficient, accurate and consistent financial reporting of the Health Services Insurance Fund.
   - Provided accurate and consistent financial reporting of the Health Services Insurance Fund through financial reporting documents in an efficient manner to meet reporting deadlines.

3. Allocation of resources to health authorities and other agencies consistent with established priorities of the department.
    - Reviewed financial requirements of health authorities and other agencies against established priorities of the department in order to allocate resources.

4. Financial expertise and support provided to various departmental projects and initiatives, to health authorities and to other agencies.
    - Provided financial expertise and analysis to various stakeholders, both internal and external.
    - Responded to ad hoc requests on a timely basis from various stakeholders.
    - Provided financial support to various committees and working groups.

5. Economical financing of both capital construction and equipment purchases.
    - Provided approved funding to health authorities in a timely and accurate manner.
    - Initiated debt repayment on outstanding approved borrowings upon project completion.
    - Managed outstanding debt to minimize cost within a conservative risk portfolio.

Health Information Management

The objectives were:

- To ensure the timely collection of financial, statistical and clinical information from the RHAs in accordance with provincial and national reporting requirements.
- To provide data management, reporting, analysis and interpretation of health information to inform and support the strategic functions of Manitoba Health and the RHAs, including public accountability.
- To coordinate and support health research related activities and ensure the appropriate use of health information in accordance with privacy legislation.

The expected and actual results for 2011/12 included:

1. Manitoba Health programs, RHAs, researchers, public organizations and the general public have access to health care information for accountability, operational, planning, evaluation and research needs.
    - Continued development and maintenance of databases to support internal and third-party information requirements, including provision of data to organizations, such as; the Manitoba Centre for Health Policy, CancerCare Manitoba, the Canadian Institute for Health Information and Statistics Canada.
    - Facilitated access to data and statistics by providing leadership, information/consultation, support and training within Manitoba Health and the RHAs on a wide variety of health information matters.
    - Participated in provincial and national committees and working groups, including providing leadership to several data quality and health indicator committees.
    - Produced many health system reports, including the Annual Statistics Report, Annual Population Reports, standard reports for the RHAs, weekly and monthly statistical reporting on the Manitoba Health website.
    - Responded to ad hoc data requests from stakeholders and organizations and produced special analyses and briefings for health data and research publications.
    - Provided data and statistical support to various committees.

2. Data infrastructure and policies are in place to support the appropriate collection, management, use and disclosure of health information, in accordance with PHIA.
    - Developed policies, processes and procedures for the use of data for health research.
    - Implemented data sharing agreements and researcher agreements with key organizations involved in health research.
    - Continued development of the data sharing agreement with the Canadian Institute for Health Information.

3. A process to develop a preliminary health system management tool is under way to allow the collection and sharing of key high priority system indicators across RHAs and Manitoba Health.
    - The Project Manager for the Regional Health Authority Performance Indicator Portal (RHA PIP) project was assigned, the project governance established, steering committee and user advisory groups formed and a project Initiation meeting held.

4. A responsive information management process is in place to support the data needs of pandemic planning activities within Manitoba Health and to the RHAs.
    - Continued work to expand the database which stores information regarding patient care from physicians (the Repository) to include electronic medical record (EMR) submissions from clinics funded through the EMR Adoption project which is co-funded by Canada Infoway and Manitoba Health.

5. A secure technical solution is in place to position Physician Integrated Network clinic sites for EMR submission for Quality Based Incentive Funding payments and for receipt of Phase 1 Electronic Health Record diagnostic information.
    - Continued work on development of a secure technical solution that would be scalable to the number of clinics funded through the EMR Adoption project.

6. A process is in place to manage ongoing extracts of EMR patient activity from physician clinics participating in the Infoway/Manitoba Health Electronic Medical Record Funding Project and to return value-added reports to support data quality and improved patient outcomes.
    - This work will begin once the secure technical solution is in place and EMR extracts have been successfully submitted and integrated into the EMR Repository.
    - Value-added reports to clinicians providing extracts will occur once sufficient EMR data resides within the Repository.

7. An integrated, coordinated approach by Manitoba Health to health research activities.
    - Provided expert data and administrative support to the Health Information Privacy Committee established under PHIA.
    - Provided ongoing coordination and support to the contractual relationship between Manitoba Health and the Manitoba Centre for Health Policy, including development of the annual research agenda.
    - Participated in review and adjudication of research proposals to provincial and national health research funding bodies.
    - Undertook partnership activities related to health service policy research in accordance with the Manitoba Health Research Council.

Management Services Branch

The objectives were:

- To lead, facilitate and coordinate key management functions within the department, such as: strategic planning and alignment; risk management; project management support; and organization performance management.
- To provide leadership and coordination for several department processes, such as: preparation of the annual report and Supplementary Information for Legislative Review, responses to ministerial correspondence, briefing material for legislative sessions, and administrative supports for the governance of health-related agencies, board, and committees.

The expected and actual results for 2011/12 included:

1. Improved engagement and capacity for department planning and alignment activities, including risk management and performance management.
    - Led processes for reviewing the department's priorities and goals and alignment of work activities.
    - Provided training, resources and tools to approximately 500 department staff to strengthen capacity in planning and alignment activities, including intranet resources, software, and recruitment and training of over 30 branch facilitators and trainers.
    - Coordinated or delivered 20 information sessions for staff to strengthen knowledge and skills on a range of government/corporate processes and knowledge areas.
    - Provided a consulting service on risk management and project management for department initiatives, as requested.
    - Co-led the Government of Manitoba's Performance Management Community of Practice.
    - Provided leadership and support in further developing performance management skills within Manitoba Health.

2. Documentation and processes coordinated by the branch meets relevant standards, guidelines, including timelines.
   - Coordinated internal department processes for the production and distribution of the department's Annual Report, Supplementary Information for Legislative Review, Ministerial Housebook and Minister's briefing material for the legislative session.
   - Coordinated the department's responses to nearly 1,000 ministerial letters.
   - Coordinated administrative processes for more than 40 health-related agencies, boards and committees.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	5,730	86.00	5,742	(12)	
Other Expenditures	1,141		1,355	(214)	
Total Sub-Appropriation	**6,871**	**86.00**	**7,097**	**(226)**	

Central Services

Central Services is comprised of the following:
Legislative Unit
Federal/Provincial Policy Support

Legislative Unit

The objectives were:

- To provide leadership, advice and support on the development of legislation to Manitoba Health.

The expected and actual results for 2011/12 included:

1. Development and coordination of Statutes and Regulations that provide a sound legislative base for meeting the mission of the department.

   Legislative Proposals:

   - There were five health related statutes amended, enacted or partially proclaimed for the fiscal year 2011/12 (details outlined in Appendix II).
   - *The Defibrillator Public Access Act* – This Act is not yet in force. It is to come into force on a date to be fixed by proclamation.
   - *The Regional Health Authorities Amendment Act* (Accountability and Transparency) – Certain provisions in this Act came into force on June 16, 2011. Certain provisions are to come into force on a date to be fixed by proclamation. Some of these provisions were proclaimed into force effective August 29, 2011.
   - *The Prescription Drugs Cost Assistance Amendment Act* (Prescription Drug Monitoring and Miscellaneous Amendments) – This Act is not yet in force. It is to come into force on a date to be fixed by proclamation.
   - *The Organ and Tissue Donation Awareness Day Act* – This Act came into force effective June 16, 2011.
   - *The Regulated Health Professions Act* – This Act is to come into force on a date to be fixed by proclamation. Certain provisions were proclaimed into force effective June 1, 2011.

   Regulatory Amendments:

   - Assisted in the development of required regulation amendments to 12 regulations under various health related legislation (see Appendix II for details).
   - *The Freedom of Information and Protection of Privacy Act* (FIPPA):
   - There were 204 responses to FIPPA requests for information. These numbers are based on a calendar year.

2. Development and implementation of the department's annual legislative agenda in accordance with government processes and timelines.
    - This was met as outlined above.

3. Accurate and timely information provided to internal and external clients regarding legislation and the legislative process.
    - Accurate and timely information was provided. Among other activities in the area, staff of the Unit provided approximately 28 informational presentations on *The Personal Health Information Act* and FIPPA to organizations and Manitoba Health staff over the course of the year.

4. Worked with regulatory bodies with respect to meeting their labour mobility obligations.

Federal/Provincial Policy Support

The objectives were:

- To support and assist the office of the Premier in providing briefing material on health related items in relation to Manitoba's chair of the Council of the Federation meetings; as well as to provide support for Western Premiers' meetings.
- To support and assist the Ministers of Health and Healthy Living, Seniors and Consumer Affairs, and the Deputy Ministers of Health and Healthy Living Seniors and Consumer Affairs with all Federal/Provincial/Territorial (FPT), Provincial/Territorial (PT), Western Premiers, Western Ministers and Deputy Ministers of Health meetings.
- To provide leadership, advice and support to the Deputy Minister of Health and the department on federal, inter-provincial, inter-jurisdictional and other issues.

The expected and actual results for 2011/12 included:

1. Ensure Manitoba is well represented at PT and FPT Health tables.
    - Ensured Manitoba Health's successful participation on the FPT and PT stage to advance Manitoba's policy interests.

2. Prepare and support the Ministers of Health and the Minister of Healthy Living, Seniors and Consumer Affairs for the Health Ministers Meeting HMM, and Western Ministers conferences.
    - The (HMM) was held in November, 2011. The unit provided strategic advice and briefing material on behalf of Manitoba Health in support of the Ministers.
    - Successful transition of the Conference of Western and Northern Ministers Co-Chair from Manitoba to Alberta.

3. Prepare and support the Deputy Minister of Health and the Deputy Minister of Healthy Living, Seniors and Consumer Affairs for the Conference of Deputy Ministers, and Western Deputy Ministers meetings.
    - Provided ongoing support to the Deputy Minister on Pan Canadian and National Issues.
    - Manitoba transitioned the provincial/territorial lead Deputy Minister on the Public Health Network (PHN) from Manitoba to New Brunswick in early 2012.

4. Facilitate and coordinate ongoing PT and FPT work especially related to areas where Manitoba is the lead jurisdiction on issues, such as multiple sclerosis, Panorama, or the Canadian Agency for Drugs and Technologies in Health.
    - Manitoba has assumed the lead on several files and the FPT Policy Support Unit coordinates PT work to move these priorities forward at pan-Canadian and national tables.
    - The unit provided support for the Mental Health Summit hosted in Manitoba, March 2012.

5. Ensure the Premier's office has information on PT and FPT health and healthy living files tables, with a focus on the Health Care Innovation Working Group as directed by the Council of the Federation (CoF).
    - The unit provided strategic advice and briefing material on behalf of Manitoba Health in support of the Premier and the agenda priorities set by CoF.
    - The unit leads the national work on the Scope of Practice theme (with New Brunswick) on the CoF Health Care Innovation Working Group (HCIWG) Report. The unit leads internal work for MB Health on the CoF HCIWG Report.

1(d) Central Services

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	997	13.00	970	27	
Other Expenditures	208		209	(1)	
External Agencies	389		488	(99)	
Total Sub-Appropriation	**1,594**	**13.00**	**1,667**	**(73)**	

Provincial Programs and Services

The Provincial Programs and Services Division provides leadership and support to internal and external clients of Manitoba Health with a focus on policy, planning, accountability, and support to provincial programs.

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of Manitoba Health with a focus on:
  - Information System technology, including Manitoba eHealth;
  - Provincial Drug Programs (PDP), including Drug Management Policy Unit;
  - Capital Planning;
  - Corporate Services, including Web Services, French Language Services (FLS), the Manitoba Health Appeal Board (MHAB), the Mental Health Review Board, and the Protection for Persons in Care Office (PPCO);
  - Cadham Provincial Laboratory Services;
  - Selkirk Mental Health Centre; and,
  - Provincial Blood Programs Office.
- To provide policy direction and operational systems to improve the efficiency of designated Manitoba Health program delivery.

The expected and actual results for 2011/12 included:

1. Strategic directions consistent with Manitoba Health priorities, with respect to information system technology, provincially funded drug benefits, the provincial health capital program, the protection of persons in health care facilities and the provincial transfusion medicine service.
   - Supported the organizational transfer of 17 Public Health Inspectors from the City of Winnipeg to Manitoba Health, ensuring that all public health inspectors were equipped with standardized and up-to-date information technology tools.
   - Completed the Detailed Planning phase of the Drug Program Information Network (DPIN) Infrastructure Renewal project.
   - Worked with a number of department branches to scope, acquire and implement the new Doctors Manitoba contract including a solution to enable physicians to submit the documentation required to support the new chronic disease management tariffs under that agreement.
   - Implemented the new Manitoba Support Services Payroll (MSSP) contract, including retroactive payments and the conversion of some casual employees to equivalent full time (EFT) status.
   - A five-year strategic capital plan developed to address the clinical services needs for the Province.
   - The five-year strategic capital plan reflects regional service requirements and individual projects are aligned with evidence based information, Canadian Safety Association standards for health care facilities, and technical standards that inform current professional practice.
   - The Corporate Services Branch promoted compliance with *The Protection for Persons in Care Act*, and reviews reports of alleged abuse under the Act through the PPCO, provides administrative support for health care services appeals and mental health reviews, coordinates FLS for internal and external clients, and manages communication through the Manitoba Health internal and external websites.
   - To manage inquiries and investigations into alleged abuse of patients in designated health care facilities reported to the PPCO in accordance with the legislative requirements of *The Protection for Persons in Care Act.*
   - Provided a consultative, advisory and administrative link in matters relating to FLS.
   - Supported the MHAB in providing an appeal process for the public on certain decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act*, *The Mental Health Act*, and the Hepatitis C Assistance Program and the Manitoba Home Care Program.
   - Promoted and supported establishment of Transfusion Practice Committees (TPCs) province wide within regional health authorities (RHAs) and in larger hospitals.

- Transferred ordering and management responsibilities for non-plasma derived products (starches) to RHA procurement entities from Canadian Blood Services (whose mandate is limited to transfusable blood and plasma derived products).
- Promoted and supported mandate role and responsibility clarification among key stakeholder groups within the provincial transfusion system.
- Lead the development of mechanisms to approve and release products for patient treatment following expert medical consultation and review.
- Continued system support and troubleshooting for implementation of automated blood bank management information system planned for provincial roll out in 2013/14.
- Initiated a review of the utilization management agreement (UMA) process, which is required in Manitoba for listing brand and generic drug benefits, managing promotion and appropriate prescribing, measuring health outcomes, and facilitating the utilization of the most cost-effective products.

2. Equitable and appropriate utilization of provincially funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
    - PDP administered the Manitoba Drug Benefits and Interchangeability Formulary. Updates on the amendments to the Formulary were provided in two bulletins that were communicated to the pharmacists and physicians of Manitoba.
    - The listing of new generic drugs on the Formulary enabled Manitobans to access additional lower cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
    - Processed 236,509 Pharmacare applications; 78,073 families received Pharmacare benefits.

3. A capital plan that supports Manitoba Health population health objectives.
    - Work continues on updating the 2005 Planning Guide for Personal Care Homes in Manitoba, as well as on a library of evidence based information and emerging program models.

4. Improved laboratory screening program, quality public health laboratory results to practitioners and productive collaborations with stakeholders.
    - Increased screening in sexually transmitted infections and blood borne diseases, respiratory viral disease and newborn screening.
    - Improved electronic/facsimile delivery of public health laboratory reports.
    - Broad and successful public health research collaborations.

5. Service delivery at Selkirk Mental Health Centre that reflects the Centre's core values of hope, respect and excellence.
    - Mission to pursue excellence in the provision of specialized inpatient mental health and acquired brain injury treatment and rehabilitation.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	245	3.00	232	13	
Other Expenditures	74		53	21	
Total Sub-Appropriation	**319**	**3.00**	**285**	**34**	

Information Systems

Information Systems is responsible for providing strategic, tactical and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba Health. The Manitoba eHealth Provincial Program ("Manitoba eHealth") has the responsibility and mandate to provide these same services to the regional health authorities, health care facilities, health care associations and other providers of health care services within Manitoba's health care system. Information Systems continues to provide consultative services and project co-ordination on information systems initiatives involving the department and other government agencies, while Manitoba eHealth coordinates and aligns federal, provincial, health sector, and inter-sector projects.

The objectives were:

- To provide and facilitate strategic information and communication technology (ICT) solutions to support the objectives and priorities of Manitoba Health.
- To coordinate and align department ICT projects with the priorities of Manitoba Health.
- To provide and maintain key departmental information systems.
- To facilitate ICT awareness and education for Manitoba Health staff in order to create more knowledgeable ICT consumers.
- To provide leadership and advice to Manitoba eHealth and the publicly funded health care sector on ICT strategy and initiatives.

The expected and actual results for 2011/12 included:

1. ICT initiatives are appropriately scoped, resourced and supported to achieve the identified project objectives and the overall strategic objectives of Manitoba Health.
    - Worked with Manitoba Health branches and programs to identify, scope and secure approval for department ICT initiatives.
    - Provided consultation and project management services to department initiatives to ensure appropriate resourcing and solution delivery.
    - Worked with Manitoba eHealth and Manitoba Innovation, Energy and Mines – Business Transformation and Technology to secure project implementation and delivery services as required for department initiatives.
    - Supported the organizational transfer of seventeen public health inspectors from the City of Winnipeg to Manitoba Health, ensuring that all public health inspectors were equipped with standardized and up-to-date information technology tools.
    - Completed the initial steps in providing Manitoba's Tobacco Litigation Project Office with the necessary information technology tools and support to assist in achieving its mandate.

2. Electronic data interchange between Manitoba Health, Manitoba eHealth, regional health authorities, health care providers and other government departments and jurisdictions will be effective, secure and appropriate.
    - Continued to migrate existing legacy data exchange processes to new secure file transfer infrastructure.
    - Increased the number of external users utilizing this technology to 50, which is a 60% increase from the previous year.

3. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules and requirements.
    - Completed infrastructure improvements to Manitoba Health's 300 Carlton Datacenter (redundant air conditioning for uninterruptible power supply system).
    - Installed current technology (tape library and Tivoli storage manager – hardware and software) which provides for increased levels of reliability and availability for all provincial programs.
    - Decommissioned several end-of-life hardware platforms which have been replaced by current technology.
    - Continued to upgrade various technology platforms (hardware and software) in support of provincial programs such as the DPIN and Insurance Registry.
    - Made modifications to procedures, policies and appropriate software/hardware in accordance with the findings of the Office of the Auditor General.

- Continued to work with Selkirk Mental Health Centre (SMHC) in an advisory and support capacity on the planning and implementation of a range of clinical information systems.
- Completed the Detailed Planning phase of the Drug Program Information Network (DPIN) Infrastructure Renewal project.
- Completed the first phase (detailed design blue printing) for the new SAP Medical Claims Processing System.
- Worked with a number of department branches to scope, acquire and implement the new Doctors Manitoba contract, including a solution to enable physicians to submit the documentation required to support the new chronic disease management tariffs under that agreement.
- Implemented the new Manitoba Support Services Payroll (MSSP) contract including retroactive payments and the conversion of some casual employees to equivalent full time (EFT) status.
- Completed the exchange of MSSP data with seven regions to assist them to migrate to a regional scheduling system (Procura).
- Completed the migration of two regions from MSSP payroll onto their own regional payroll system.
- Completed changes to the Manitoba Immunization Monitoring System (MIMS) to allow clients registered with work permits to stay on MIMS database.
- Improved claims processing by converting the legacy prosthetic and orthotic claims and eyeglass claims entry systems to web applications.
- Converted the majority of the legacy general ledger transaction system to a web application.

4. Necessary data and information are accessible for department staff to achieve corporate goals and objectives.
   - Continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.
   - Continued to coordinate and facilitate the management and expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.
   - Facilitated the upgrade of the Provincial Data Network connection and service to SMHC.

5. Manitoba eHealth ICT solutions and operations support the strategic objectives of Manitoba Health, the regional health authorities and the publicly funded health sector.
   - Worked with Manitoba eHealth to appropriately define strategic health ICT objectives and initiatives.
   - Facilitated participation and input into the planning of initiatives led by Manitoba eHealth to ensure the inclusion of Manitoba Health needs and requirements.
   - Worked with Manitoba eHealth to secure funding and project approval for major capital ICT investment in Manitoba's health sector, including Panorama (Pan-Canadian Public Health Surveillance), Provincial Health Call Centre Infrastructure Upgrade, Digital Telepathology, and Hospital Information System Planning and Network Upgrade for the Health Sciences Centre.
   - Monitored the progress of major Manitoba eHealth initiatives through participation on project committees.

2(b) Information Systems

Expenditures by Sub-Appropriation	**Actual 2011/12 $(000's)**	**FTE**	**Estimate 2011/12 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Salaries and Employee Benefits	4,103	60.20	4,324	(221)	
Other Expenditures	603		956	(353)	
Provincial Program Support Cost	5,211		5,181	30	
Total Sub-Appropriation	**9,917**	**60.20**	**10,461**	**(544)**	

Provincial Drug Programs

Provincial Drug Programs include Pharmacare, the Palliative Care Drug Access Program and drug plan benefits for Employment and Income Assistance Program participants and residents of personal care homes.

The Professional Services Unit is responsible for:

- The professional leadership and support for the Manitoba Drug Standards and Therapeutics Committee, a committee of physicians and pharmacists that makes recommendations to the Minister of Health on drugs to be listed in the Manitoba Drug Benefits and Interchangeability (Manitoba Formulary).
- Participation in the Common Drug Review (CDR) that provides expert advice on drugs to participating provincial, territorial and federal drug plans based on rigorous, objective reviews of clinical and cost effectiveness.
- Professional direction for and operation of the Exception Drug Status (EDS) Office that provides approval on an individual basis for drugs that have designated criteria established.
- Administers the Manitoba Formulary.
- Analysis and monitoring of the Drug Programs Information Network data.

The Operations Unit is responsible for:

- Customer focused service to provide current information to the public either by phone, fax, internet, mail or in person.
- Providing helpdesk support and troubleshooting to Manitoba pharmacy providers with their claims adjudications and processing by phone.
- Processing Pharmacare applications and adjudicating claims under Pharmacare, Ancillary Services and the Prosthetic and Orthotics Program.
- Continuous evaluation of work processes to improve effectiveness and efficiency of the program.

The objectives were:

- To manage and administer sustainable drug programs which provide Manitobans with access to eligible drug benefits as prescribed by *The Prescription Drugs Cost Assistance Act*, *The Pharmaceutical Act* and *The Health Services Insurance Act*.

The expected and actual results for 2011/12 included:

1. Access for Manitobans to cost- effective medications.
    - Manitoba Health continues to support the Common Drug Review and the Pan-Canadian Oncology Drug Review, national processes for evidence-based reviews and listing recommendations of new chemical entities and oncology drugs.
    - Provincial Drug Programs administered the Manitoba Formulary. Updates on the amendments to the Manitoba Formulary were provided in two bulletins which were communicated to the pharmacists and physicians of Manitoba.
    - The listing of new generic drugs on the Manitoba Formulary enabled Manitobans to access additional lower cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
    - Manitoba Health representatives participated on three advisory committees to the Canadian Agency for Drugs and Technologies in Health. Manitoba Health representatives participated on two advisory committees to the Pan-Canadian Oncology Drug Review. Committee members also facilitated effective jurisdictional sharing of pharmaceutical information.

2. Financial assistance to Manitobans for eligible drug benefits.
    - Provided benefit coverage for Manitobans enrolled in the income-based Pharmacare, the Employment and Income Assistance Program, the Personal Care Home Drug Program and the Palliative Care Drug Program.
    - Processed 236,509 Pharmacare applications; 78,073 families received Pharmacare benefits.
    - Processed 74,878 requests through the Exception Drug Status Program for approval for drugs which require established criteria are met for access to benefit coverage.
    - Enrolled 1030 families in the Deductible Instalment Payment Program for Pharmacare.

- Provided benefits for 39,279 individuals through Ancillary Services and the Prosthetic and Orthotic Program.
- The Provincial Drug Programs Review Committee met on a monthly basis to review requests for benefit coverage for drugs not eligible for Exception Drug Status.
- The Manitoba Drug Standards and Therapeutics Committee met four times in 2011/12 to review drug submissions and provide recommendations on drug interchangeability and on the therapeutic and economic value of drug benefits.

3. Implementation of strategies to ensure sustainability of provincial drug programs.
   - Implemented approvals for benefit coverage through the Exception Drug Status Office for new drugs added to the Manitoba Formulary with criteria for use established through the utilization management agreements (UMA) with manufacturers.
   - Improved efficiencies for Ancillary Services eyeglass claims processing and prosthetic and orthotic claims processing in collaboration with Information Services Branch with the development and implementation of a web-based system.
   - Continued reduction of processing times for Pharmacare applications with the weekly validation of income data with Canada Revenue Agency.
   - Continued collaboration with Manitoba Hydro to provide eligible Pharmacare beneficiaries the option to pay their annual Pharmacare deductible in monthly instalments through the Deductible Instalment Payment Program.

2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,030	43.00	2,475	(445)	
Other Expenditures	583		524	59	
Total Sub-Appropriation	**2,613**	**43.00**	**2,999**	**(386)**	

Corporate Services

The Corporate Services Branch promotes compliance with *The Protection for Persons in Care Act*, and reviews reports of alleged abuse under the Act through the PPCO, provides administrative support for health care services appeals and mental health reviews, coordinates French language services (FLS) for internal and external clients, and manages communication through the Manitoba Health internal and external websites.

The objectives were:

- To manage inquiries and investigations into alleged abuse of patients in designated health care facilities reported to the PPCO in accordance with the legislative requirements of *The Protection for Persons in Care Act*.
- To provide a consultative, advisory and administrative link among regional health authorities, external agencies funded by Manitoba Health, and the public, in matters relating FLS.
- To develop, deliver and maintain all information, online services and applications related to Manitoba Health's public-facing websites.
- To implement the policy, Access to Manitoba Health Publications, Events and Services for Persons with Disabilities, in support of the Manitoba Policy on Access to Government.
- To support the Manitoba Health Appeal Board in providing an appeal process for the public on certain decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act*, *The Mental Health Act*, and the Hepatitis C Assistance Program and the Manitoba Home Care Program.
- To support the provision of an appeal process through the Mental Health Review Board, for the admission or treatment of a patient in a psychiatric facility as required by *The Mental Health Act*.

The expected and actual results for 2011/12included:

1. Efficient inquiry and investigation by the PPCO of reports of alleged patient abuse.
   - Reports of alleged abuse are processed through a series of steps: intake, inquiry and investigation. All reports received are reviewed and proceed to investigation if there are reasonable grounds to believe that abuse occurred. Processes are being reviewed and steps are being implemented to make the handling of reports more efficient and timely, as well as aligned with *The Protection for Persons in Care Act.*

2. Improved awareness by health care facilities and the general public of the process for reporting patient abuse.
   - Continued efforts to provide education and consultation for facilities take place formally and informally. Processes are being developed to enhance communication to ensure facilities and the public are aware of the need to report suspected abuse.

3. The Active Offer Policy implemented in public facing areas of Manitoba Health, with all designated staff oriented to the policy.
   - All designated staff was oriented to the Active Offer Policy. All new staff are also oriented to the policy via regularly scheduled department orientations.

4. Provision of FLS through Manitoba Health, in an accessible and satisfactory manner to the French-speaking public of Manitoba.
   - All public information campaigns are released in both official languages.
   - All new material posted on the Manitoba Health website is available in both official languages.
   - All public access phone lines have a bilingual voicemail menu, as well as available bilingual attendants.

5. Manitoba Health public documents, in paper or electronic format produced in French within five to ten business days.
   - 90% of public documents were processed and translated within five to ten business days.

6. Regularly reviewed and updated existing websites and new web-based information developed to provide ongoing support to the department.
   - Provided site development, promotion and online registration functionality for 2011 Health Innovation Conference.
   - Developed websites in support of Health System Innovation projects including Quick Care clinics, Primary Care Networks, Advanced Access Networks, Mobile Primary Care Units and Manitoba Stroke Strategy.
   - Participated with eForms Project Team to provide site development support to launch of eNotice of Change.
   - Ongoing website development completed upon request as required.

7. Compliance with Manitoba Health policy: Access to Manitoba Health Publications, Events and Services for Persons with Disabilities.
   - Disability Access Working Group provided ongoing direction and support to department's compliance with Manitoba Policy on Access to Government for Manitobans with disabilities.

8. The Mental Health Review Board (MHRB) and the Manitoba Health Appeal Board (MHAB) hold hearings and render decisions in a timely manner.
   - MHRB processed a total of 252 review hearings applications. Timely, fair and impartial hearings were provided for 49 review hearings by application and 17 automatic review hearings for a total of 66 review hearings. Hearings were held within 21 days as required by *The Mental Health Act.* Decisions were rendered independently by the MHRB and rationale was provided to all parties following each hearing.
   - The MHRB held fair and independent hearings and made impartial decisions in a timely manner.

- The MHAB processed 117 Notices of Appeal and held 64 hearings. The hearings were for the following types of appeals:
    - 35 Authorized Charges
    - 23 Insured Benefits
    - 5 Home Care Decisions
    - 1 Hepatitis C Financial Assistance

2(d) Corporate Services

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,196	19.00	1,252	(56)	
Other Expenditures	680		742	(62)	
External Agencies	255		255	-	
Total Sub-Appropriation	**2,131**	**19.00**	**2,249**	**(118)**	

Capital Planning

Capital Planning provides for the planning and management of the construction and capital financing of hospitals, personal care homes and other health facilities.

The objectives were:

- To oversee development and implementation of the provincial health capital program and advise government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The expected and actual results for 2011/12 included:

1. A capital plan that supports the department's population health objectives.
    - A five-year strategic capital plan has been developed to address the clinical services needs for the province.

2. Health capital projects which are defined and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
    - The five-year strategic capital plan reflects regional service requirements and individual projects are aligned with evidence based information, CSA standards for health care facilities, and technical standards that inform current professional practice.
    - Work continues on updating the *2005 Planning Guide for Personal Care Homes in Manitoba* as well as on a library of evidence based information and emerging program models.

3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost sharing.
    - The selection and procurement of consultant services policy was updated. This policy applies to all work funded by Manitoba Health Capital Finance.
    - The policy on bidding and award of construction tenders for all capital projects funded by Manitoba Health Capital Finance was updated. A competitive, fair and transparent process is described in the policy which applies to all projects in excess of $25,000. The policy is applicable to all regional health authorities within Manitoba.

4. Efficient and accurate information on the capital program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.
    - Program information and cost data on all approved and constructed major capital projects, as well as on annual maintenance and repair projects is updated annually.

5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
    - All 2011/12 major capital projects align with the Provincial Green Building Policy for Government of Manitoba Funded Projects. The policy has been applied to site selection, design, new construction and renovation projects. Power Smart™, LEED®, or Green Globes™ rating systems are employed to validate achieving the requirements of these programs.
    - New emergency medical services facilities have incorporated "ground source energy" systems to conserve energy and reduce operating costs.
    - Fundamental and enhanced building and systems commissioning is a fundamental part of all capital projects. This process ensures achievement of the owner's long-term operating expense and sustainability goals.

Capital projects completed during the 2011/2012 fiscal year:

Acute Care

- North Eastman RHA – Berens River Renal Health Centre – Construction of a new, approximately 5,000 square foot, four station renal health dialysis unit in the community of Berens River.
- Interlake RHA-Hodgson Area Renal Health Centre - Construction of a six station renal health unit, approximately 6,000 square foot attached to the Percy E. Moore Hospital in Hodgson.
- Brandon RHA – Western Manitoba Cancer Centre – This regional centre for cancer care provides radiation therapy, chemotherapy, outpatient care and supporting cancer treatment services and will house a new linear accelerator.
- Winnipeg Regional Health Authority (WRHA) – Victoria General Hospital (VGH) – Emergency and Outpatient Redevelopment – Phase 2. This phase of the project (which could not commence until Phase 1 was completed) has renovated some 11,625 square feet of the former emergency department.

Primary Care

- South Eastman RHA – New Bilingual Service Centre – Office Space in Ste. Anne
- WRHA – South Winnipeg Birth Centre – This free-standing birth centre complements hospital-based birthing services at St. Boniface General Hospital and Women's Hospital, and provides an important environment to support natural childbirth outside of a hospital or the home.

Capital Projects under construction or continued construction during the 2011/2012 fiscal year:

Acute Care

- South Eastman RHA – Ste. Anne Hospital – The expansion and renovation project will increase the hospital's square footage by 60 per cent. New facilities will include two rooms for surgeries, one room for scope procedures, a dedicated and adjoining post-anaesthesia care unit, a suite of medical device reprocessing rooms for cleaning and sterilizing of all reusable hospital items, a family room, staff change rooms and new electrical and mechanical space. Another one-third of the hospital will undergo renovation including the existing operating rooms, which will be renovated and converted to provide 5,800 square feet of additional staff support areas.
- South Eastman RHA – Steinbach – Bethesda Hospital – This project involves the redevelopment and expansion of the emergency department. The redevelopment will see an expansion of 45,000 square feet and 24 additional patient treatment and examination spaces including an expanded emergency department with new private admitting and triage areas, a mental health examination room and a new observation unit. The expansion project also includes the addition of a new dedicated special care unit.
- WRHA – Community Mental Health Crisis Centre – This new centre will provide a central point of access for people experiencing a mental health crisis, 7 days a week/24 hours a day including walk-in care.
- WRHA – Diagnostic Imaging Facility – Construction of a new diagnostic centre of excellence at the Health Sciences Centre. The new, seven storey, 91,000 square foot centre will be linked to the Children's Hospital, the Ann Thomas Building and the new Women's Hospital.
- WRHA – Health Sciences Centre – Emergency Room Redevelopment – Improve emergency health care services and upgrade the emergency department.

- WRHA – Health Sciences Centre – Second Energy Centre – Construction of a second Central Energy Plant with growth capacity to service the emergency power and cooling needs of the new Women's Hospital, the new Mental Health Crisis Response Centre, the Kleysen Institute for Advanced Medicine (KIAM), CancerCare Manitoba (CCMB) redundancy requirements, and University of Manitoba (U of M).
- WRHA – Misericordia Health Centre – Construction of a new, two storey facility which will house the Eye Care Centre of Excellence, the Diagnostic Centre and the PRIME program (Program of Integrated Managed-care of the Elderly).
- WRHA – New Women's Hospital – Excavation and Foundation.
- Interlake RHA – Selkirk Regional Health Centre – Excavation and Foundation.

Primary Care

- WRHA – Bluebird Lodge – This project involves the construction of a satellite health care centre of the Nor'west Co-op Community Health Centre, and will provide a primary care team that will include a doctor and nurse practitioners, offering diagnosis, treatment, follow-up, referral, consultation and education.

Safety and Security

- In addition to the major projects completed and initiated, approximately 194 Safety and Security/maintenance projects were approved throughout the province.

2(e) Capital Planning

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	719	11.00	874	(155)	
Other Expenditures	166		207	(41)	
Total Sub-Appropriation	**885**	**11.00**	**1,081**	**(196)**	

Drug Management Policy Unit

The Drug Management Policy Unit was established to provide prospective, integrated and long-term strategic policy and planning capacity on emerging drug management and utilization issues.

The objectives were:

- To provide provincial drug management expertise and strategic policy and planning leadership to facilitate the provision of integrated, coordinated, cost-efficient, effective, equitable, and sustainable publicly funded drug benefits across the continuum of care in Manitoba.

The expected and actual results for 2011/12 included:

1. Management of pharmaceutical expenditures to ensure sustainable and equitable publicly funded drug benefits.
    - As noted in the Canadian Institute for Health Information report – Drug Expenditure in Canada 1985 to 2011 report:
        - Manitoba, at 44.9%, is ranked fifth highest among the provinces in relation to the percentage of prescription drug expenditures financed by the public sector.
        - In Manitoba, the public prescribed drug expenditure per capita increased 1.9% in 2011-12, which was significantly less than the 2.8% increase in 2010-11.
    - Actual Pharmacare product costs for 2011/12 were 2.4% higher than 2010/11 actuals and were 1.2% below the 2011/12 budgeted amount.

2. Development and implementation of integrated, evidence based drug use management policies and initiatives to facilitate appropriate utilization for prescription drug benefits and ensure sustainable and equitable publicly funded drug benefits.

- Initiate a review of the utilization management agreement (UMA) process, which is required in Manitoba for listing brand and generic drug benefits, managing promotion and appropriate prescribing, measuring health outcomes, and facilitating the utilization of the most cost-effective products.
- In 2011/12, an additional 47 UMAs were completed with product suppliers.
- Monitored early outcomes for the IMPRxOVE (Improving Medication Prescribing and Outcomes via Medical Education) Program, a first in Canada initiative that is expected to improve the safety and health outcomes for Manitobans receiving mental health medications.
- Established the Terms of Reference and process maps for the Manitoba Monitored Drugs Review Committee (MMDRC) and subcommittee. The MMDRC will monitor selected drugs for appropriateness in prescribing, dispensing and utilization as outlined in Bill 14 (an amendment to *The Prescription Drugs Cost Assistance Act*).
- Coordinated the approval process that allowed for the addition of Champix, a stop smoking drug aid, to the Manitoba Drug Benefits and Interchangeability Formulary on November 24, 2011, with the goal of assisting Manitoba smokers to quit and, as a result, ultimately reducing the incidence of diseases like lung cancer and stroke.
- Established the Terms of Reference for and implemented a committee structure to provide advice regarding minimization of pharmacy service disruption during wide scale disasters in the province such as seasonal flooding. This committee worked with the Manitoba Pharmaceutical Association to enact Emergency Continued Care Prescribing. The committee worked with pharmacy groups across Manitoba to coordinate transfers of prescriptions, establish communications networks and establish a process that can be used to manage future pharmaceutical supply disruptions.

3. Ongoing establishment of forums and opportunities for collaboration among providers, prescribers, patients and industry to advance positive health outcomes.
   - In partnership with Manitoba Innovation, Energy and Mines continued the activities of the Pharmaceutical Liaison Committee to facilitate ongoing dialogue between government and industry stakeholders.
   - Enhanced industry and stakeholder relations through consultation and technical briefings, including manufacturers, wholesalers, consultants and pharmacy providers.
   - Ongoing dialogue with professional associations including the MPhA and the Manitoba Society of Pharmacists e.g. Manitoba Health worked collaboratively with the College of Physicians and Surgeons of Manitoba and the MPhA to develop and implement the Manitoba Monitored Drugs Review Committee.
   - Continued dialogue with private third party insurers to develop a liaison committee to provide a forum to discuss related issues.

2(f) Drug Management Policy Unit

Expenditures by Sub-Appropriation	**Actual 2011/12 $(000's)**	**FTE**	**Estimate 2011/12 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Salaries and Employee Benefits	680	9.00	708	(28)	
Other Expenditures	1,181		178	1,003	1
External Agencies	95		95	-	
Total Sub-Appropriation	**1,956**	**9.00**	**981**	**975**	

Explanation Number:

1. Primarily due to research expenditures offset by general revenues

Cadham Provincial Laboratory Services

The objectives were:

- To conduct public health laboratory services that lead to population health improvements.
- To disseminate quality information to practitioners and stakeholders that improves disease detection and control.
- To work openly with stakeholders to develop productive collaborations in public health practice, including service, education and research.
- To improve laboratory productivity and continue public health lab strategic planning.

The expected and actual results for 2011/12 included:

1. Increased uptake of recommended screening programs and response to outbreaks, thereby increasing detection of preventable disease.
    - Screening for HIV infection has increased by 8.0% in 2011.
    - Screening for chlamydia and gonorrhea has increased by 5.3% in 2011.
    - Newborn screening was improved to include expanded metabolic screening using tandem mass spectrometry in September 2011, adding approximately 37 additional disorders to the Manitoba panel of detectable disorders. In July 2011, in cooperation with Children's Hospital Foundation and investigators at Children's Hospital of Winnipeg, universal newborn screening for cystic fibrosis was added.

2. Inclusion of population demographic monitoring in strategic planning and presentation in a departmental reports and plans.
    - Birth rates have been increasing over the past few years. This increases demand on Cadham Provincial Laboratory (CPL) services and is therefore built into financial and service projections.
    - Elderly age groups are expected to dramatically increase in size and proportion over the next 20 years according to the Manitoba Bureau of Statistics 2008 Report. This is expected to draw heavily on viral diagnostics, which are being redesigned to accommodate this anticipated volume increase.

3. Invitation of laboratory representation of other laboratories to the Public Health Laboratory Advisory Committee.
    - Environmental laboratory representation was secured.
    - National Microbiology Laboratory representation was secured and present.

4. Externally funded research will be conducted with collaborators.
    - Eight external grant funded research projects were conducted for an approximate annualized total of $498.9 for 2011.
    - Productive collaborations with investigators from the following organizations were completed:
        - University of Manitoba, University of Winnipeg, Winnipeg Regional Health Authority, CancerCare Manitoba, Winnipeg Children's Hospital, Central Regional Health Authority, Brandon Regional Health Authority, Public Health Agency of Canada, National Microbiology Laboratory, Manitoba Justice, Canadian Public Health Laboratory Network, Canadian Integrated Program for Antimicrobial Resistance Surveillance, Circumpolar Health Group, Region 4 Collaborative Group, University of Victoria, University of British Columbia, Université Laval, Laboratoire Santé Publique du Québec, Canadian Pediatric AIDS Research Group, University of Nairobi, University of Antioquia, Mathematics of Information Technology and Complex Systems.

5. Improved reporting efficiency through refinement of information services delivered through the Laboratory Information Management System.
    - Fax delivery of public health laboratory reports informs practitioners faster of patient disease status. CPL has been aggressively rolling this out to practitioner locations throughout the province, including Provincial Nursing Stations.
    - CPL and partners have established resources to participate in eChart delivery of CPL results.

6. Development of a formal Communication Plan to better reach practitioners and public health workers.
    - CPL hosted a stakeholder-based assessment of public health laboratory services on March 2, 2012. Advice on communications was gathered and is generating updates to the CPL Communication Plan.
    - A weekly report of winter respiratory viral activity was distributed to key practitioner groups.

2(g) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	8,018	94.48	7,605	413	
Other Expenditures	7,006		7,444	(438)	
Total Sub-Appropriation	**15,024**		**15,049**	**(25)**	

Selkirk Mental Health Centre

Selkirk Mental Health Centre (SMHC) is a provincial mental health facility mandated to provide specialized mental health and acquired brain injury inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met elsewhere in the health care system.

SMHC also has a formal agreement with the Government of Nunavut to provide inpatient services to residents of Nunavut experiencing acute mental illness.

Treatment and rehabilitation services in all programs are provided by multidisciplinary teams. SMHC specializes in five inpatient treatment programs:

- Acute Program (53 beds)
- Rehabilitation Program (86 beds and 8 community transitional residence beds)
- Geriatric Program (75 beds)
- Forensic Program (18 beds)
- Acquired Brain Injury Program (20 beds and 5 community transitional residence beds)

The cultural and spiritual needs of Manitoba First Nations, Métis, and Nunavut patients are met by Aboriginal Services staff, such as Elders, Proctors and a Coordinator, and include conducting sweat, smudging and pipe ceremonies, making sacred items, and sharing traditional stories.

The objectives were:

- To pursue excellence in the provision of specialized inpatient mental health and brain injury treatment and rehabilitation.
- To successfully reintegrate patients into the community of their choice through recovery planning and partnerships with patients, families and communities.

The expected and actual results for 2011/12 included:

1. Patient charts show evidence of recovery planning using Psycho-Social Rehabilitation audit tool customized to each program.
    - Audit tools confirmed that patient charts include recovery plans and family involvement when requested by patients. All staff receives training on Psycho-Social Rehabilitation principles and its application.

2. Wait times for admission and discharge reduced through effective bed utilization strategies and collaboration with community partners.
   - Tracking mechanisms created to reduce wait times and improve patient flow resulting in significantly increased admissions:
     - Acute Program: 55% increase over the previous year (10-bed Intensive Rehab Area opened).
     - Rehab Program: 44% increase over the previous year.
     - Geriatric Program: 12% increase over the previous year.
     - Forensic Program: 33% increase over the previous year.
     - Acquired Brain Injury (ABI) Program: 450% increase over the previous year (second 10-bed area opened)

3. Quality Improvement Plan developed based on satisfaction surveys and Accreditation Canada recommendations to guide continuous improvement activities.
   - Work continues on developing a Quality Improvement Plan, as well as consistently monitoring data related to adverse events, and making improvements in order to maximize patient and staff safety.

4. Site Plan developed to identify future redevelopment priorities.
   - Role Statement Steering Committee established to identify the role, programs and services that SMHC will provide within the broader mental health system and inform future strategic planning, including property redevelopment.

5. Disaster and Emergency Plan implemented to mitigate safety and security risks and ensure survivability following a disaster.
   - Disaster and Emergency Response Plan and Quick Response Guide implemented that directs staff to take appropriate actions in the case of a disaster or emergency.

6. Staff injuries reduced by implementing strategies for addressing top five injury trends.
   - Applied Physical Training program implemented for security officers and program staff working in high risk areas. Orientation program changed for new staff so that mandatory training is provided prior to working on the areas, which includes Non-Violent Crisis Intervention training and Back Care Workshops to reduce staff injuries.

7. Medication errors reduced with implementation of automated medication distribution system and medication reconciliation process.
   - New automated medication distribution system implemented to reduce medication errors and provide nurses with more time to teach patients about medications. Medication reconciliation completed in all areas upon admission; training in process for medication reconciliation upon discharge and transfer.

8. Patient care improved with implementation of new clinical application technology for electronic patient records.
   - New clinical application system implemented for electronic patient records to improve communication and inform decision making for better patient care.

9. Staff satisfaction and work-life balance improved by implementing a work schedule that meets the needs of staff.
   - Position utilization review completed to ensure all program areas have the correct amount and mix of staff. Work continues on creating a centralized staffing office to replace staff during absences and finding a schedule that meets the needs of staff and provides a better work-life balance.

10. Human Resources Plan developed based on a staff satisfaction survey to guide staff recruitment and retention activities.
    - Human Resources Plan developed and shared with staff and the union based on feedback from staff and management.

2(h) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	35,753	487.30	32,887	2,866	
Other Expenditures	5,097		5,323	(226)	1
Total Sub-Appropriation	**40,850**		**38,210**	**2,640**	

Explanation Number:

1. Primarily due to increases in overtime & shift premiums.

Provincial Blood Programs Office

Provincial Blood Programs Office provides collaborative leadership to the provincial blood system to facilitate effective, efficient utilization, and management of blood and blood products through a multifaceted strategy involving professionals, patients and the public. On behalf of the province, Provincial Blood Programs Office provides policy, program and budget oversight to the planning, management and operation of the Canadian Blood Services (CBS) and the Canadian Blood Agency. Provincial Blood Programs Office continues to manage and administer the Manitoba Hepatitis C Financial Assistance Program as well as the Federal Financial Assistance programs for people with Human Immunodeficiency Virus and Hepatitis C Virus as a result of contact with the blood supply.

The objectives were:

- To promote a province-wide, coordinated, integrated and comprehensive system (vein to vein) of safe, secure, effective and affordable blood transfusion services.

The expected and actual results for 2011/12 included:

1. Enhanced surveillance through the Adverse Event Reporting System.
    - Activity continued on data cleansing, verification and analysis of data for utilization by CBS, Diagnostic Services of Manitoba, regional health authorities (RHAs) and Manitoba Health.
    - Reporting of statistics to the National Transfusion Transmitted Injury Surveillance System managed by Public Health Agency of Canada continued throughout the period as required.
    - Some activities related to maintaining data quality were delayed due to shifting priorities e.g. analysis and recommendations of and for data input accuracy/completeness on a sample of reports.

2. Provincial blood and blood products utilization strategy in place to ensure the optimal use of limited resources in a cost-effective manner.
    - Maintained utilization rate of red blood cells.
    - Maintained utilization rates in several categories of plasma derivative products.
    - Developed provincial mechanism for authorizing release of prothrombin complex concentrate (PCC) products and pathogen reduced plasma.
    - Transferred management and financial responsibility for ordering and inventory management of starch products (Pentaspan and Voluven) from CBS to RHAs.
    - Supported establishment of Transfusion Practice Committees' province wide.
    - Continued support for development of an automated provincial Transfusion Medicine information system (Trace Line ®).

3. Timely and accurate response to inquiries in the Manitoba Blood System.
    - Provided timely and accurate information to external and internal stakeholders including provision of information and problem solving support for issues arising within the Manitoba Blood System and across Canada.

4. Delivery of effective quality assurance program for laboratory sciences to develop and monitor standards.
   - Service purchase agreement annual funding and deliverable negotiations continue. Improvements made annually in standards development and monitoring and reporting processes to promote laboratory standards compliance.

5. Enhanced quality, transparency and affordability of transfusion services
   - Service system review of roles, responsibilities, accountabilities and communication mechanisms and processes initiated with all key stakeholder agencies, and initial improvements have been realized. Work is ongoing as gaps/overlaps identified and resolved.

2(i) Provincial Blood Programs Office

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	284	4.00	316	(32)	
Other Expenditures	75		61	14	
Total Sub-Appropriation	**359**		**377**	**(18)**	

Manitoba Centre for Health Policy

Provides funding to the Manitoba Centre for Health Policy for population health studies.

The objectives were:

- To support policy evaluation and research on priority health issues for Manitoba Health.
- To support knowledge translation of research findings to decision makers.

The expected and actual results for 2011/12 included:

1. Five major deliverables for Manitoba Health that provide an analysis and assessment of priority health issues in Manitoba.
   - Assessment of Personal Care Home Bed Projections
   - Physician Integrated Network (PIN) Long-term Change Analysis
   - Understanding the Determinants of Emergency Department Volumes
   - Long-term Outcomes of Manitoba's Stop FASD Program
   - Who is in our Hospitals?

The reports arising from these deliverables are expected to be completed after fiscal year 2011/12.

2. Two to three workshop days annually, focused on the research findings and policy relevant to the health care system.
   - Rural & Northern Healthcare Workshop
   - Winnipeg Regional Health Authority Workshop
   - Manitoba Health Workshop

2(j) Manitoba Centre for Health Policy

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	-	-	-	-	
Other Expenditures	2,200		2,200	-	
Total Sub-Appropriation	**2,200**		**2,200**	-	

Health Workforce

Insured Benefits

Insured Benefits administers and ensures compliance with the Acts and Regulations for the Medical Program, Inter-Provincial Reciprocal Agreements, the Hospital Abstract Program, Out-of-Province Benefits, Audit and Investigations, the Third Party Liability Program and the Transportation Subsidy Program.

The objectives were:

- To provide policy direction and leadership to the Health Workforce Division in the development and delivery of insured health services, health labour relations negotiations and funding arrangements, and workforce policy and planning.
- To provide provincial leadership in the development of key strategic policy and program frameworks, and administer programs within legislative parameters that provide access to insured benefits under the Medical Program, Registration and Client Services, Family Doctor Connection Program, Eligibility and Portability Agreement, Inter-Provincial Reciprocal Agreements, Registry Exchange, Hospital Abstract Program, Out-of-Province Benefits Inter-Provincial Hospital, and Medical Programs and the Transportation Subsidy Program.

The expected and actual results for 2011/12 included:

1. A sustainable health care system in Manitoba in accordance with legislative requirements.
    - Visits to the Client Services counter decreased from 50,279 in 2010/2011 to 47,939 in 2011/12. Client Services handled 146,149 telephone enquiries.
    - Issued 245,683 Manitoba Health Registration Cards and processed 86,874 address changes.
    - Customers who mailed in applications waited approximately 7 business days to receive Manitoba Health Registration Certificates.
    - Issued 16,175 new Registration Numbers in Manitoba with 17,479 new certificates issued to 18-yr-olds receiving their own individual registration numbers, in addition to 78,271 status changes (e.g. newborns, marriages, separations and deaths).

    Medical Claims

    - Received and processed 22,219,965 physician services, 423,386 optometric services, 967,037 chiropractic services and 5,290 oral surgery services, 57,140 registered nurse extended practice services.
    - Processed 261,234 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Inter-Provincial Reciprocal Agreement.

    Out-of-Province Claims

    - Adjudicated 948 requests from Manitoba specialists from coverage of services outside of Manitoba.
    - Provided 1.1 million in travel subsidies to 494 patients for 50 international and 665 domestic trips.
    - Adjudicated 9,155 physician claims, 3,039 outpatient visits and 2,681 inpatient days for emergency care outside of Canada.
    - Paid $10.8 million to other provinces and territories in accordance with the Interprovincial Reciprocal Billing Agreement for physician's fees (excluding Quebec physicians) and $35.3 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
    - Recoveries received by Manitoba Health as a result of reciprocal billings to other provinces and territories for care provided to their residents totalled $15.4 million for physicians fees (excluding Quebec physicians) and $5.9 million for hospital services.
    - Represented Manitoba Health in 20 hearings of the Manitoba Health Appeal Board.

2. Customer focused service, through programs that provide access to insured medical and hospital benefits.
    - Customers who mailed in applications waited approximately 7 business days to receive Manitoba Health Registration Certificates.
    - Registration and Client Services achieved a time frame of 10 minutes on average in assisting clients in person and a time frame of 2 minutes for clients visiting the express service counter for simple address changes and replacement of Manitoba Health Registration Certificates.
3. Manitobans who are informed of, and receive, health benefits to which they are entitled.
    - The Family Doctor Connection Program handled 21,290 enquiries.
    - Registration and Client Services achieved a time frame of 10 minutes in assisting clients attending the office in person.

3(a) Insured Benefits

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	5,280	110.29	5,789	(509)	
Other Expenditures	2,014		2,056	(42)	
Total Sub-Appropriation	**7,294**	**110.29**	**7,845**	**(551)**	

Medical Labour Relations

Medical Labour Relations (MLR) represents Manitoba Health in negotiating agreements with physicians, oral/dental and maxillofacial surgeons, chiropractors, optometrists, pharmacists, etc., respecting remunerating these professionals in accordance with provincial regulations, policies and agreements. The Branch also provides assistance with respect to negotiation and administration of nursing and other allied health-care provider agreements.

The activities undertaken within MLR include the planning, development and implementation of strategic policies for physician resources, as well as recruitment support and medical and medical-related profession regulation.

The objectives were:

- To represent Manitoba Health in negotiations/arbitration concerning fee-for-service and alternate funded remuneration for medical and medical-related practitioners.
- To administer both fee-for-service and alternate funded agreements/arrangements.
- To develop appropriate funding and remuneration arrangements with medical and medical-related professionals and organizations within the health authority structure.
- To review, assess and advise on collective bargaining issues relating to the allied health sectors (i.e. nursing, professional/technical and paramedical, maintenance and trades, and support sectors).
- To provide support for departmental care initiatives, including primary care renewal, chronic disease management and other new initiatives and objectives through medical and medical-related remuneration arrangements.

The expected and actual results for 2011/12 included:

1. Continue negotiations towards the renewal of the Master Agreement between Manitoba Health and Doctors Manitoba.

    A renewed Master Agreement was negotiated between Doctors Manitoba and Manitoba Health. The new contract is retroactive to April 1, 2011, and increases the province's funding for medical services by approximately $125 million over four years. Some key components include:

    - competitive general rate increases of 10.6 % for physicians over the term of the contract, with a long-term commitment to ensure remuneration for Manitoba doctors remains competitive;

- new fee tariffs including those for chronic disease management, which will compensate physicians for time spent managing patients with chronic disease;
- a requirement for newly recruited physicians to participate in the Family Doctor Connection Program, as part of the province's commitment to help Manitobans find a family doctor;
- a commitment to work together on provincial priorities such as implementing primary care homes and networks, a key component of ensuring all Manitobans have a family doctor by 2015; and
- remuneration incentives to recruit and retain physicians in critical areas of practice including intensive care specialists, pathologists, diagnostic specialists, physicians working in remote locations, physicians working with the provincial Lifeflight air ambulance program and other specialties.

2. Upon completion, implement, administer and interpret the new Manitoba Health/Doctors Manitoba Master Agreement in support of regional health authority service delivery.
    - MLR conducted post-settlement teleconferences with all RHAs and agencies.
    - The Master Agreement also included the renewal of a tripartite process that will facilitate continued discussions with respect to physician participation in RHA service delivery.

3. Renewal of agreements with other medical related health practitioner groups, as they expire.
   In addition to the Master Agreement, the Branch concluded the following Agreements:
    - *The Community Labs Agreement* (formerly the *Private Labs Agreement*). The Agreement was renewed to take effect April 1, 2011 to March 31, 2014.
    - *MLTP Medical Service Extension Agreement.* The Agreement was extended for an additional year commencing April 1, 2011 and ending March 31, 2012.
    - *Personal Care Home Pharmacy Services Agreement.* The Agreement was extended to take effect April 1, 2009 up to and including December 31, 2011. The provisions of the Agreement continue subsequent to the expiry of the Agreement unless and until the Agreement is amended or terminated according to the provisions of the Agreement.
    - *Oral and Maxillofacial Pathology Laboratory Service Agreement.* The Agreement was renewed to take effect April 1, 2011, up to and including March 31, 2014.

4. Continued development and refinement of remuneration options for the existing and emerging delivery system.
    - MLR continued to participate in the analysis and refinement of the Quality Based Incentive Funding (QBIF) methodology used to provide supplemental compensation to physicians through the Physician Integrated Network (PIN) initiative.

5. Provide assessment and recommendations on nursing and other allied health care provider collective agreements and contract negotiations.
    - The Labour Relations Secretariat (LRS) has handled the direct negotiations with the nursing and other allied health care providers, and Medical Labour Relations has provided direction and input when necessary.

6. Regarding the nursing and other allied health care agreements, MLR can advise that the following agreement was concluded in 2011/12:
    - *Professional and Technical Agreement.* The Agreement was renewed to take effect April 1, 2010, to March 31, 2014.

3(b) Medical Labour Relations

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,010	13.00	1,012	(2)	
Other Expenditures	354		375	(21)	
External Agencies	794		1,137	(343)	
Total Sub-Appropriation	**2,158**	**13.00**	**2,524**	**(366)**	

Health Workforce Strategies

Health Workforce Strategies (HWS) branch works in partnership with regional health authorities (RHAs), regulatory and professional bodies, the education sector, and other stakeholders to support the linkage between health human resource planning and departmental policy. Activities undertaken include the planning, developing, implementing and monitoring of health human resource supply and strategies to address the demands in health service delivery.

The objectives were:

- To identify strategies and provide policy direction that supports the recruitment and retention of health care professionals (physicians, nurses and allied health professionals) to deliver health care services in Manitoba.

The expected and actual results for 2011/12 included:

1. Collaboration with system stakeholders to identify strategies and facilitate the implementation of initiatives that support the recruitment and retention of nurses, physicians and allied health professionals.

PHYSICIANS

- The Physician Resource Coordination Office (PRCO) continues to promote regular, frequent and inclusive communication between the RHAs, the Office of Rural and Northern Health, the University of Manitoba, Faculty of Medicine, the College of Physicians and Surgeons of Manitoba, medical students and various community stakeholders. The PRCO continues to regularly review current approaches to recruitment and retention, identification of gaps and facilitation of solutions to these gaps.
- The PRCO is also in a direct coordination role of regional recruitment efforts, which has led to improved coordination and transparency of the efforts towards recruitment and retention of physicians.

NURSES

- The Manitoba Nursing Advisory Council (MNAC) continues to provide a forum for key nursing stakeholder organizations to discuss nursing issues and support communication among nursing groups and government. In an advisory capacity to the Minister of Health, MNAC provides advice on nursing matters, recommends options to address nursing issues, and supports the implementation of the Province's nursing strategy.
- The Joint Nursing Council established during the 2002 negotiations between employers and the Manitoba Nurses' Union (MNU) has provided a forum between the Minister of Health, the MNU, and rural and urban employers to consult on an ongoing basis any suggestions or requests made by members of the Council concerning working conditions, recruitment and retention of nurses; and any other issues to improve patient care and to contribute to the efficient management of the health care system.
- HWS consults and communicates on a regular and frequent basis with the RHAs Health Programs and Services Executive Network (HPSEN) and the Provincial Human Resource Council (PHRC).
- HWS Branch, on behalf of the department, has entered into a renewed five-year contribution agreement under the Internationally Educated Health Professionals (IEHP) Initiative with Health Canada. The agreement supports a number of pilot projects designed to facilitate various aspects of the qualification recognition process and ultimately, with the timely integration of IEHPs into the Manitoba economy.

ALLIED HEALTH

- HWS continues to consult with key stakeholders including RHAs, regulatory bodies, professional colleges, Red River College, the University of Manitoba, CancerCare Manitoba and Diagnostic Services of Manitoba in response to identified shortages. HWS facilitates discussions around various strategies to alleviate these shortages through recruitment and retention initiatives to address the supply of allied health care professionals in the province.

2. Appropriate number of education seats for health professionals.

ALL HEALTH PROFESSIONS

- The Health Education Liaison group, composed of Health, Advanced Education and Literacy (AEL) and Entrepreneurship, Training and Trade meets to monitor human resources trends and student enrolments in the health care sector and, when appropriate, recommend educational initiatives to address such issues as access, recruitment and retention; and to examine legislative, workforce and other issues related to the educational preparation of health professionals and allied health workers.

PHYSICIANS

- Manitoba Health continued to work with the University of Manitoba, Faculty of Medicine, to ensure that an appropriate number of post-graduate seats are aligned with increases in undergraduate medicine.
- The PRCO continues to work with stakeholders, including the University of Manitoba, Faculty of Medicine, to identify gaps and implement improvements leading to increased accessibility to training programs. Examples include the Physician Assistant Education Program at the University of Manitoba, as well as improvements to the Non-Registered Specialist Assessment Program, which took effect July 2011.
- The Northern Remote Family Medicine Residency Stream (formerly the Physician Placement Initiative), established in 2008, will directly address the retention of graduates in northern/remote settings. Students are expected to return two years of service in exchange for a placement in a specialty program at the University of Manitoba, Faculty of Medicine. Graduates of the program will be working in northern/remote communities in July/August 2012.

NURSES

- Total enrolments in nursing education programs have more than doubled since 1999 due to seat expansions at the University of Manitoba, Brandon University, Red River College, Assiniboine Community College, Université de Saint Boniface, and University College of the North.
- In September 2011, the Licensed Practical Nurse to Registered Nurse program changed from a diploma to a baccalaureate credential and will be increased from 18 to 22 months in length. The program continues to be delivered to 4 rural sites with a capacity of 8 students per site.

ALLIED HEALTH

- In January 2010, Manitoba Health entered into an inter-provincial agreement with British Columbia Institute of Technology to fund two students for three intakes in their Prosthetics and Orthotics training program starting in the fall of 2010. The first two students, who began the program in September 2010, are now completing their final year. One student has signed a return-of-service agreement to work in Manitoba for a two-year internship and one year post-internship.
- In the spring of 2011, an updated agreement was finalized for a period of up to five years commencing July 1, 2011, to provide for the continued training of up to six Manitoba students per year (three first-year seats and three second-year seats) in the Nuclear Medicine Technologist training program at the Southern Alberta Institute of Technology. Manitoba Health will be funding return-of-service agreements with the students in order to ensure employment in Manitoba following completion of the training program. Three new students began the program in fall 2011; two from Winnipeg and one from Brandon. Since the 2004/05 intake, only one graduate has left the province; all others have returned to work in Manitoba.
- The department changed the previous post-employment training model for the Medical Radiologic Technology and Medical Laboratory Technology program to a pre-employment model, from 2007/08 up to and including 2011/12. The department provided funding for the fall 2011 intake for ten students at a cost of $169.0.
- Health Sciences Centre submitted a proposal to Manitoba Health outlining the costs associated with adding an additional three-month term (for carotid training) to the existing Ultrasound training program at Red River College in order for the program to maintain accreditation. The department received approval to provide this funding ($86.0) for the 2011/12 year. Furthermore, the department provided funding ($68.0) for an additional three students for the fall 2011 intake.

3. Improved retention of Manitoba graduates through the Nurse Recruitment and Retention Fund (NRRF) and the Physician Recruitment and Retention Strategy.

PHYSICIANS

- 65% of the 2011 graduating medical class from the University of Manitoba, Faculty of Medicine will be staying in Manitoba.
- 86% of the International Medical Graduates that graduated from the Medical Licensure Program for International Medical Graduates program between 2002 and 2011 remain in rural Manitoba. The International Medical Graduate Assessment for Conditional Licensure, a relatively new program, has retained 90% of the graduates from 2007 to 2012.

NURSES

- The Conditional Grant Program implemented in 2004 continued to encourage new nursing graduates to consider employment opportunities in rural and northern Manitoba (outside Winnipeg and Brandon). New graduates meeting the criteria receive a grant in the amount of $4000. In 2011/12, 179 Conditional Grant applications were approved for a total 758 approved grants between July 2004 and March 31, 2012.
- The Personal Care Home (PCH) Grant was established in January 2008 and is another Nurses Recruitment and Retention Fund (NRRF) initiative that encourages the retention of Manitoba nursing graduates. The PCH grant assists in addressing the workforce requirements of personal care homes and encourages the recruitment of nurses to long-term care. In 2011/12, there were 99 approved PCH grants bringing the total of approved grants to 321 between January 1, 2008, and March 31, 2012.
- As of the 2011/12 fiscal year, the NRRF has allocated more than $13.5 million since 1999 to the RHAs to support continuing education for nurses. The NRRF has also allocated "one-time" funding of more than $2.6 million as of the 2011/12 fiscal year to support a range of specialty nursing programs and projects within the province.
- Since 1999, Refresher Program Funding has been allocated to individuals striving to re-enter the nursing workforce, contingent upon the completion of an approved refresher program. Financial assistance for up to 80% of course costs (up to a maximum of $2,000) per individual is available to complete approved nursing refresher programs. As of March 31, 2012, over $766,000 has been directed to support nurses re-entering the nursing profession.

4. Evaluate and monitor recruitment, retention and education strategies from data provided by the regulatory bodies, the RHAs and MAEL.

PHYSICIANS

- The PRCO continues to work through the stakeholder network to identify further efforts to effectively target physician recruitment and retention. The College of Physicians and Surgeons of Manitoba Annual Report notes an increase in the number of physicians in Manitoba, demonstrating continued improvement in the recruitment and retention of physicians in Manitoba.
- The Physician Resettlement Fund, which was established in 2009, provides conditional grants of up to $20,000 for physicians to move to areas of Manitoba where they are needed most. Of the 65 grants that have been awarded to date, 40 physicians have settled in rural Manitoba.
- In February 2010, there were 11 physician assistants registered in Manitoba. In February 2011, there were 19 registered, representing an increase of approximately 72%.

NURSES

- HWS tracks vacancies, enrolments and education seats and monitors data through information provided by the nursing regulatory colleges, RHAs and the Council on Post-Secondary Education, Manitoba Advanced Education and Literacy (MAEL). The Manitoba Nursing Labour Market Supply report is produced and released annually in the spring.
- As of December 2011, there were 17,265 active practicing nurses in Manitoba, according to the registration data received from the College of Registered Nurses of Manitoba, the College of Registered Psychiatric Nurses of Manitoba and the College of Licensed Practical Nurses of Manitoba.

- The NRRF administers recruitment and retention strategies for nurses such as relocation assistance, attendance at local and national career fairs, and advertising in nursing magazines. The NRRF provided relocation assistance to 181 nurses relocating to Manitoba in 2011/12 for a total of 1,609 since 1999. The NRRF attended a total of 17 career fairs in Manitoba and other jurisdictions in 2011/12.

ALLIED HEALTH

- HWS tracks the vacancy rates of different allied health professions submitted by various stakeholders, including Diagnostic Services of Manitoba and the RHAs.

3(c) Health Workforce Strategies

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	652	12.00	651	1	
Other Expenditures	98		100	(2)	
Total Sub-Appropriation	**750**	**12.00**	**751**	**(1)**	

Public Health and Primary Health Care

Public Health and Primary Health Care (PHPHC) focused on a number of key planning and policy areas throughout the year, including primary care renewal, Aboriginal health, chronic disease management, wait times reduction, public health including public health inspections services. PHPHC continues to provide direct service through the Northern Nursing Stations.

PHPHC also supports the Cross-Department Coordination Initiatives (CDCI), a partnership with Manitoba Health; Manitoba Healthy Living, Seniors and Consumer Affairs (MHLSCA); Manitoba Family Services and Labour (MFSL); and Housing and Community Development. The primary focus of CDCI has been the development of housing and supports for the seniors population, individuals with mental health issues and individuals who are homeless or at risk of being homeless, under the Aging in Place and Homeless Strategies. With the implementation of these strategies completed, CDCI began transitioning these initiatives to other departments during 2011/12, and identifying key priorities of MFSL, Manitoba Health and MHLSCA for review.

Administration

The objectives were:
Build capacity in the public health and primary care systems to:

- effect evidence-based, innovative and sustainable system advancements;
- improve access to efficient, quality, patient-centered service;
- reduce health disparities and support Manitobans to maintain or improve their health status; and,
- improve access to co-ordinated health and social supports for seniors, individuals with mental health issues, and individuals who are homeless or at risk of homelessness.

The expected and actual results for 2011/12 included:
The development, implementation and evaluation of policies, strategies, programs and services for Manitobans that address:

1. Public health
    - Provided leadership and support to ensure coordinated and integrated public health services and programs at the regional and provincial levels, including health promotion, surveillance, diseases prevention and control, health protection, and response to public health issues and emergencies.

2. Aboriginal health
    - Supported relationship building, implementation of strategies, policies, program development, and health promotion through partnerships with provincial departments, regional health authorities, and federal, First Nations, and Métis governments to address the health needs of the Aboriginal population, such as the identification of health indicators for Aboriginal communities in RHA community health assessments and annual health plans, and a provincial child health program and service matrix.
    - Supported strategic alliances with regional federal/provincial/territorial stakeholders to discuss northern health system delivery, a northern primary care network and a northern health engagement process.

3. Care provision at provincial nursing stations
    - Supported continued enhancements to capital, health human resources planning, and improved service delivery at the three provincial nursing stations.
    - Supported development of improvements to services and operations to enhance services and prepare for transfer of the nursing stations operations to an RHA.

4. Services for under-served communities and at-risk populations
    - Provided leadership and support for stakeholder engagement, policy and program development, and inter-sectoral networks in the areas of primary care, maternal and child health, and public health focused on improving health outcomes for vulnerable populations in Manitoba.

5. Primary care and the chronic disease continuum
   - Provided leadership and support for the participation and collaboration of partners and stakeholders in planning to improve access to and quality of primary health care for Manitobans, including development of Quick Care clinics, primary care buses, Primary Care Network, development of Advanced Access, and expansion of the Care Link self management program.
   - Provided leadership and strategic direction on policies and strategies for health promotion and chronic disease prevention and management, such as the five-year plan for Manitoba Stroke Strategy.

6. Innovations in improving efficiency
   - Provided leadership and support for efficiency initiatives, such as the provincial Lean Six Sigma strategy, the development of guidelines for preoperative histories and physicals and Manitoba's Stroke Strategy.

7. Homelessness and mental health housing
   - New initiatives implemented this year include The Bell Hotel Supportive Housing Project which provides permanent affordable housing with access to on-site supports up to 24 hours a day for individuals who have experienced chronic homelessness. Access to clinical services is facilitated to support improved access to community health resources, improve personal health outcomes and decrease reliance on emergency services.
   - Transition of leadership for strategy initiatives from CDCI to Manitoba Housing and Community Development has been on-going in 2011/12. Collaboration with Manitoba Health will continue to ensure that the needs of individuals are met.
   - CDCI will provide analysis going forward examining policy and service delivery approaches to impact frequent users of emergency services and populations with complex needs who contribute to escalating cost drivers linked to the significant use of health resources by a small number of individuals.

8. Aging in Place for seniors
   - Leadership for the Aging in Place Strategy transitioned from CDCI to the Continuing Care Branch in 2011/12 with CDCI continuing to integrate Aging in Place into the development of the Long-Term Care Strategy. CDCI will continue to liaise with the Long-Term Care Strategy and housing initiatives to support individuals to age within community environments.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	376	4.46	341	35	
Other Expenditures	282		294	(12)	
Program Delivery	1,677		2,991	(1,314)	1
Total Sub-Appropriation	**2,335**	**4.46**	**3,626**	**(1,291)**	

Explanation Number:

1. Delays in Cross Departmental Coordination Initiatives

Public Health Programs and Strategies

Near the end of the fiscal year, Public Health Programs and Strategies and Public Health Planning were amalgamated to become the combined Public Health Branch. Public Health in Manitoba aims to provide leadership and coordination for an integrated and strategic approach to public health programs and services at the regional and provincial levels. The core functions of public health are population health assessment, health surveillance, disease and injury prevention, health promotion and protection. The efforts of the Public Health Branch aim to assist government, RHAs, the community and health professionals in the planning and effective response to public health issues and emergencies. The Public Health Branch works collaboratively with the Office of the Chief Provincial Public Health Officer (CPPHO) and Cadham Provincial Laboratory Services, other departments, offices and key stakeholders throughout the province.

The objectives were:
- To prevent and control diseases and promote the health of Manitobans through policies, protocols and guidelines for health professionals, organizations and the public.
- To detect, assess and address important public health risks and emerging public health issues.
- To continuously plan for an effective and responsive public health system.

The expected and actual results for 2011/12 included:
1. Completion of three diseases protocols, in addition to those already completed.
    - Completed and posted two new communicable disease and six environmental health protocols: Invasive Meningococcal Disease (Neisseria meningitidis), Listeriosis, Salmonellosis (Nontyphoidal), Seasonal Influenza, Shigellosis, Campylobacter Infection, Yersiniosis and Rabies: Protocol for Management of Human Rabies and Management of Animal Exposures to Prevent Human Rabies.

2. Revised preparedness and response plans for public health emergencies in place.
    - Assisted Office of Disaster Management in the development and implementation of environmental emergency response protocols such as smoke inhalation, Heat Alert Response Plan, Flood Health Response and Prevention and Air Pollution Response Plan.

3. Implementation of the food safety work plan and joint projects identified with Manitoba Agriculture, Food and Rural Initiatives will be in process.
    - Food Safety Audit report made 23 recommendations. Of these, 13 have been completed and substantial progress has been made on the other 10 recommendations.
    - Developed and implemented adult learning based food safety education training.
    - The Health Protection Report is available on the government website. It provides citizens with information of the food services establishments that have been closed or convicted for food safety infractions.

4. Provision of public health information and advice to the Minister, health professionals, the public and stakeholders on ongoing and emerging health risks, issues and outbreaks.
    - Recruited a permanent staff person to lead the development and updating of Infection, Prevention and Control protocols, guidelines and policies.
    - Conducted a passive surveillance program for blacklegged tick and enhanced active surveillance for ticks related to Lyme disease and other tick-borne diseases.
    - A scientific Lyme disease symposium was implemented with other partners for health care professionals.
    - Promoted Healthy Smile Happy Child resources for early childhood caries education in the RHAs.
    - Development of oral health standards for personal care homes with Continuing Care and Oral Health Policy for Day cares (for prevention of Early Childhood Carriers).
    - Review of Canadian Oral Health Strategy 2012-17 Federal Provincial Territorial and Health Canada.

5. Information provided to Manitoba Water Stewardship as requested on health risks related to safe water.
    - Adopted revised Health Canada Community Water Fluoridation program target levels for drinking water.

6. Continued contribution to FPT projects, such as population health and obesity initiatives.
    - Ongoing continued contribution to federal provincial public health issues and projects.

7. Finalization of the long-term FPT vaccine supply and the antiviral stockpile.
    - Offered an interim, universal influenza vaccine program for a second consecutive year with a targeted approach for those at highest risk as per the National Advisory Committee on Immunization recommendation.
    - Transition of the vaccine and biologics provincial warehouse to Manitoba Distribution Agency location effective April 1, 2012, with improved quality controls.
    - Analysis of new vaccines based on National Advisory Canadian Committee on Immunization (NACCI) recommendation is ongoing.

8. Provision of education and training practicum and rotations for medical and other public health students and information sessions on key public health issues to a range of stakeholders.
    - Hired three Masters in Public Administration students to work in Environmental Health, Communicable Disease Control and Epidemiology and Surveillance areas.
    - Resident in community health sciences hired to gain experience and support the Public Health Branch.
    - Ongoing education sessions are given on public health to medical students.

4(b) Public Health Programs and Strategies

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	7,915	73.45	8,423	(508)	
Other Expenditures	4,185		5,408	(1,223)	1
Vaccines	16,624		15,343	1,281	
External Agencies	-		12	(12)	
Total Sub-Appropriation	**28,724**	**73.45**	**29,186**	**(462)**	

Explanation Number:

1. Primarily due to under-expenditures in the West Nile Virus Program

Public Health Planning

The objectives were:

- To provide public health intelligence (collection, analysis, and interpretation of data; review of research and information) to guide Public Health Programs and Strategies (PHPS), the CPPHO, and health organizations in the planning, development, and evaluation of public health policies, programs and strategies.

The expected and actual results for 2011/12 included:

1. Coordinated implementation of Phase 2 of Panorama across Manitoba.
    - The governance structure has been defined with the establishment of the Manitoba Panorama Steering committee to commence the implementation of Panorama surveillance systems in Manitoba.

2. 2010 Report on the Health Status of Manitobans shared with stakeholders and plan for the 2015 Report on the Health Status of Manitobans developed.
   - The Office of the Chief Provincial Public Health Officer (OCCPHO) is in the process of developing an implementation strategy and once this is completed, the Public Health Branch will be able to begin to create specific reports to support this goal.

3. Revision and use of preparedness and response plans for public health emergencies.
   - Assisted Office of Disaster Management in the development and implementation of environmental emergency response protocols such as smoke inhalation, Heat Alert Response Plan, Flood Health Response and Prevention and Air Pollution Response Plan.

4. Protocols developed to collect complete and timely surveillance information and for rapid sharing of public health intelligence, including applied epidemiologic research. Revision of protocols and established forms for surveillance of reportable communicable diseases, as necessary.
   - Collaboration with external researchers and the Public Health Agency of Canada resulted in several new methodologies that will be incorporated into standard disease monitoring reports for improved validity and understanding of disease and immunization patterns.
   - Implementation of a web-enabled outbreak reporting tool which facilitates health care facilities and regions to report enteric outbreaks and assessments.
   - Production and publication of peer-reviewed research by department epidemiologists and increased collaboration with academic researchers.

5. Completion of a report on the relationship between hypertension and diabetes in Manitoba. Provision of public health intelligence to the Minister, health professionals, the public and other stakeholders on ongoing and emerging health risks, issues and outbreaks (e.g. emerging communicable diseases, environmental health risks, and chronic disease risk factors).
   - Analyses on the prevalence and incidence of comorbid hypertension and diabetes in Manitoba were completed. Presentations of data and interpretations were made to policy stakeholders. A final report will be prepared upon recruitment of an epidemiologist with a focus on chronic diseases.
   - Regular reports were prepared and disseminated to public health practitioners, policy planners and regional stakeholders. The Manitoba Health Epidemiology and Surveillance public website continues to be accessed for these reports by the public and public health stakeholders.
   - Review and enhancement of current report templates, dissemination methods and content led to changes that were well received by end users.

6. Improvements in the surveillance and analysis of public health threats, e.g. severe respiratory infections surveillance. Development of collaborative epidemiologic projects, e.g. community associated methicillin resistant staphylococcus aureus.
   - Implemented a new method for facilities and regions to report outbreaks using a web-enabled information capture system.
   - Analyzed data entry processes and identified key steps to take for improving efficiency.
   - Established a formal working relationship with researchers at the University of Manitoba and Winnipeg Regional Health Authority Public Health epidemiologists to collaborate on public health epidemiology projects and share research methods.
   - Continue to support and participate on enhanced surveillance projects (e.g. community associated methicillin resistant staphylococcus aureus) led by inter-provincial research groups or the Public Health Agency of Canada.

4(c) Public Health Planning

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	870	13.00	1,047	(177)	
Other Expenditures	193		99	94	
Total Sub-Appropriation	**1,063**	**13.00**	**1,146**	**(83)**	

Aboriginal and Northern Health Office

The Aboriginal and Northern Health Office (ANHO) is Manitoba's key resource on Aboriginal health issues with respect to the development of policies that affect strategies, initiatives and services for the Aboriginal community. ANHO acknowledges and supports the cultural diversity among First Nations, Métis and Inuit populations in Manitoba and works in collaboration with other branches within the department, other provincial departments, and RHAs, Aboriginal political territorial organizations, communities and the federal government to meet that mandate.

First Nation, Métis and Inuit Health

The objectives were:
- To develop, analyze, and facilitate strategic and equitable initiatives to improve health outcomes and reduce health disparities for First Nation, Métis and Inuit (FNMI) populations using a distinction-based approach.
- To provide provincial leadership and representation in the development of distinction-based and culturally-informed health strategies and policies for government departments, Manitoba Health, and regional health authorities (RHAs).

The expected and actual results for 2011/12 included:
1. Enhanced relationships and linkages between FNMI communities, RHAs, and federal and provincial governments to improve health outcomes, e.g. the identification of health indicators for Aboriginal communities in RHA Community Health Assessments and annual health plans.
    - Manitoba Health administered the Aboriginal Health Transition Fund (AHTF) Adaptation Envelope to AHTF projects. The AHTF projects adapted health services to better meet the needs of Aboriginal people living in Manitoba.

2. Establishment of a process to ensure health communication services is distinction-based and culturally informed.
    - Facilitated Aboriginal health and cultural awareness throughout Manitoba Health.

3. The development and implementation of strategies, policies and programs are informed by a FNMI perspective, including those related to Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy, Maternal and Child Healthcare Services (MACHS) recommendations implementation, Jordan's Principle, the provincial mental health strategy, First Nation Licensing of Personal Care Homes Initiative, the Intergovernmental Committee on Manitoba First Nation Health (ICMFNH), etc.
    - Applied an Aboriginal lens to inform the development of health planning for FNMI citizens living in Manitoba.
    - Participated on Manitoba's Youth Suicide Prevention Implementation Strategy Steering Committee which focussed on at-risk and high-risk Aboriginal youth.
    - Assisted in developing a draft jurisdictional dispute resolution report around Jordan's Principle.
    - Collaborated in the development of the Provincial Mental Health Strategic Plan – Rising to the Challenge.
    - Provided policy advice to internal and external stakeholders for the First Nations Personal Care Home Licensing Initiative.
    - Participated on the ICMFNH working group.

4. Completed an evaluation report for Health Canada on the eleven Adaptation Projects, funded through the AHTF.
    - Manitoba Health completed and submitted the Manitoba Aboriginal Health Transition Fund (AHTF) Adaptation Envelope Final Evaluation Report to Health Canada.
    - Manitoba Health completed and submitted the Manitoba AHTF Adaptation Envelope Final Report to Health Canada.

Northern Health

The objectives were:

- To lead strategic policy development and coordinate planning focused on improving health outcomes, opportunities and capacity for people living in northern Manitoba.
- To provide provincial leadership and representation for development of population-based, culturally informed health strategies and policies at local, regional, provincial and federal levels.

The expected and actual results for 2011/12 included:

1. MACHS initiatives, including relocation processes and provider support, will be established with external partners and integrated to respond to the needs of FNMI people in remote and northern communities.
    - Improved prenatal referral process and prenatal services provided to women travelling for birth from Nunavut through the MACHS Provincial/RHA Referral Working Group.
    - Made progress on select MACHS initiatives through the development of strategic alliances between but not limited to Manitoba Health, other government departments and the RHAs.

2. Trend analysis of promising national and international health practices, programs, and services for children (ages 0-6 years) living in northern, rural and remote communities.
    - Completed a discussion paper on promising health/prevention practices for children living in northern, rural and remote communities.

3. Child health program and service matrix between knowledgeable stakeholders formalized to support access and integration in response to the G8/G20 commitment to maternal and child health.
    - Completed a matrix of current programs and services delivered by Manitoba government to help inform maternal and child health strategic planning.

4. Production of a report on the March 2011 conference on northern health and a discussion paper on health service delivery for northern and FNMI populations in Manitoba.
    - The Northern Health Conference Report has been produced. It documents ideas for: improving community capacity, health services and social determinants of health; preventing and addressing the burden of chronic disease; and, working toward improved health outcomes for northern Manitobans.
    - Conducted planning and engagement activities with a wide range of stakeholders to improve health service delivery for northern and FNMI populations.

5. Identification of community-led initiatives focusing on population growth, key health determinants, building community capacity, enhancing health system sustainability.
    - Identified community-led initiatives at the Northern Health Conference, including priority areas for action, current levels of community capacity to act on the priority areas, and next steps. Information brought forward at the Conference has been incorporated into planning and development of a primary care network in northern Manitoba.

6. Strategic alliances with regional federal/provincial/territorial stakeholders.
    - Held initial discussions and began preliminary work on synergies and efficiencies in and models for northern health system delivery, through collaboration with Manitoba First Nations, regional, provincial and federal governments, and other organizations serving northern health populations.
    - Collaborated in the early development stage of a northern primary care network with regional, Manitoba First Nations, federal and provincial stakeholders.
    - Completed a Northern Health Engagement Process. This initiative involved northern RHAs and all divisions of Manitoba Health, with the aim of improvements in the development, implementation and coordination of planning and policy development activities relating to northern health and northern RHAs.
    - Collaborated with Aboriginal and Northern Affairs and units within Manitoba Health to produce a chapter on Aboriginal health status for inclusion in the current Aboriginal People in Manitoba report.
    - Worked with local First Nation representatives and organizations, federal and provincial government departments on renal health and dialysis programming in the Island Lake region.

Provincial Nursing Stations

The objectives were:

- To provide leadership in the management of the provincial nursing stations (PNS) in the communities of Chemawawin Cree Nation/Easterville, Misipawistik Cree Nation/Town of Grand Rapids, and Mosakahiken Cree Nation/Moose Lake.
- In conjunction with operational roles, continue to explore opportunities for system integration and system change in health care policy, programs and practice to provide cost effective and quality health care.

The expected and actual results for 2011/12 included:

1. Provision of quality primary health care, episodic illness care and emergency services by PNS staff.
    - The nursing stations provide primary care five days a week and emergency care 24 hours a day/7 days a week.

2. Improved equity of services and system operations through improved access to resources and system integration.
    - Upgrades to the drug formulary and the purchase of Automated External Defibrillators (AED) for the nursing stations to enhance patient care.
    - Aligned policy, procedures and guidelines with best practice standards.

3. Internal and external recruitment activities in response to operational staff vacancy rates, improved local facilities, and better supported staff and operational requirements.
    - Attendance at recruitment fairs resulted in the hiring of a nurse for one of the nursing stations.
    - Facilitation and consultation with Capital Planning to provide quality facilities in communities.

4. Greater local involvement in decisions regarding operations and services provided at the nursing stations through a regular communication process among Manitoba Health, Health Canada and the communities served by the PNS.
    - Consultations with the RHAs, the communities and Manitoba Health were undertaken in 2011-12.

4(d) Aboriginal Health and Northern Health Office

Expenditures by Sub-Appropriation	**Actual 2011/12 $(000's)**	**FTE**	**Estimate 2011/12 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Salaries and Employee Benefits	2,665	34.37	3,298	(633)	
Other Expenditures	3,603		2,601	1,002	1
Total Sub-Appropriation	**6,268**	**34.37**	**5,899**	**369**	

Explanation Number:

1. Primarily Contract Nurses Costs

Health System Innovation

The objectives were:

- To lead health system innovation and knowledge exchange.
- To build an integrated quality primary care system.
- To inform Manitobans and Manitoba Health about demand, capacity, access and wait time for health services.
- To improve timely access to appropriate care.
- To improve system effectiveness, efficiency and connectivity between areas/providers of care.

The expected and actual results for 2011/12 included:

1. Policies, standards and/or tools identifying provincial direction will be developed and implemented.
    - Family Doctor for All by 2015 is aimed at ensuring that Manitobans have timely access to a physician and receive quality care from not only their physician but the entire health care team. In order to meet this commitment, service standards that emphasize quality and accessibility; continuity, comprehensiveness and co-ordination of care; interprofessional practice; patient centricity; and ongoing quality measurement were developed.
    - Participated in the development of the Women's Health Strategy. Implementation is under way and is focused on enhancing women's health services; environments in the community; connections that support women; socio-economic conditions; gender-based research and policy; and, increased awareness about women's health issues.
    - The Manitoba Breastfeeding Strategy has improved breastfeeding initiation, exclusivity and duration rates across the province. The Strategy is being renewed to enhance implementation of the Baby Friendly Manitoba accreditation initiative in hospitals and community health sites.

2. Stakeholders meetings will result in the identification of opportunities to align activities and improvement goals, reduce duplication and collaborate through knowledge sharing.
    - Organized meetings for senior regional health care administrators and researchers to learn more about health care financing, primary health care and patient engagement research and best practices and discuss how they could be implemented within Manitoba to inform system innovation. Examples of stakeholders include the Manitoba Business Council, College of Registered Nurses of Manitoba, College of Midwives of Manitoba, Manitoba College of Family Physicians, University of Manitoba and Manitoba League for Persons with Disabilities.

3. Wait time information will be available via the wait times' website.
    - Throughout 2011/12, wait time information for 11 diagnostic, surgical and cancer procedures was provided monthly to the public on the provincial wait times' website.

4. Patient Access Registry and eBooking tools will be implemented throughout the Winnipeg RHA surgical sites and started in other regional surgery programs and sites.
    - Training was delivered to remaining in-scope physician offices under Winnipeg RHA Surgery, Women's and Child Health Program. Implementation in rural and northern regional health authorities was delayed by technical problems with the Patient Access Registry Tool hardware.

5. Bridging General and Specialist Care (BGSC) eReferral system will be used by over 300 family physicians and cover more than 10 specialty areas.
    - The BGSC eReferral system was used by over 150 family physicians and 65 specialists and covers 40 conditions within 13 specialty areas. The BGSC eReferral system is being integrated into the provincially approved Electronic Medical Records (EMR) system.

6. Guidelines for preoperative histories and physicals will be implemented throughout the Winnipeg RHA and will be communicated province wide.
    - Guidelines for preoperative laboratory tests for adults undergoing elective surgery were implemented in the Winnipeg RHA and communicated to all RHAs through the Vice President Medical Committee. In November, a Winnipeg RHA chart audit measured compliance to these guidelines and identified a 28.7% reduction in ordered tests that were not indicated for patients.

7. Quarterly meetings of Manitoba Patient Access Network (MPAN) will facilitate the identification, implementation and spread of innovative concepts.
   - Four MPAN meetings were held and two new proposals to improve access to services were supported. In November, the Health Innovation Conference highlighted a number of provincial and regional innovation efforts and generated enthusiasm for continued efforts in promoting innovation throughout Manitoba's health system. Major themes stemming from the conference included a need for more attention to patient engagement and the respectful treatment of patients as partners in care.

8. 200 Manitoba health system stakeholders will receive training in area-specific quality improvement methodology (i.e. Lean Six Sigma, Advanced Access, and Releasing Time to Care).
   - The Lean Six Sigma evaluation identified that health care providers found the training a valuable learning experience and identified recommendations to improve future effectiveness. Over 260 health care staff received Lean Six Sigma training resulting in 38 small scale process improvement projects.
   - Forty health care staff were trained to support implementation of Releasing Time to Care in eight additional patient wards within three new RHAs across Manitoba.
   - Two Physician Management Institutes were held with the Canadian Medical Association to help physicians and health care managers enhance their abilities to effectively lead health care organizations.

9. Quick Care clinic and primary care health bus pilots will be initiated.
   - Two Quick Care clinics were opened in Winnipeg and Steinbach. Staffed by registered nurses and nurse practitioners, these clinics provide primary care on weekends and evenings in convenient locations.
   - The procurement process for Manitoba's primary care buses was in process. It is expected that the buses will bring comprehensive primary care to small rural communities.

10. Demonstration sites for primary care networks (PCNs) selected and initiated.
    - Four early adopter PCN in the Winnipeg, Burntwood, South Eastman and North Eastman regional health authorities were selected. Each of these PCNs began planning and development processes with community and provider stakeholders including family physicians to assist in developing service plans for implementation beginning in the fall of 2012.

11. Expansion of Care Link self management program will be expanded to another chronic disease.
    - The evaluation identified that participants were able to successfully maintain lifestyle behaviours, and there was a significant decrease in the number of hospital visits in the year after enrolment resulted. In order to ensure success, it was decided to strengthen the existing congestive heart failure and Type 2 diabetes programs prior to expansion to another chronic disease by addressing the recommendations outlined in the evaluation.

12. Advanced Access will be implemented throughout primary care office practices in Manitoba.
    - Training for more than 30 clinics (primary care and specialty services) including 95 providers was provided to assist offices to optimize work flow to improve access to care. Advanced Access leads were established in six RHAs to promote training and become the regional contact. Six Manitoba trainers were actively providing training and recruiting clinics for Phase 4, which will begin in July 2012.

4(e) Health System Innovation

Expenditures by Sub-Appropriation	**Actual 2011/12 $(000's)**	**FTE**	**Estimate 2011/12 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Salaries and Employee Benefits	1,190	27.00	895	295	
Other Expenditures	901		1,143	(242)	
External Agencies	279		279	-	
Total Sub-Appropriation	**2,370**	**27.00**	**2,317**	**53**	

Regional Programs and Services

Administration

The objectives were:

- To provide support to the Minister of Health, the health authorities (regional health authorities, CancerCare Manitoba and Diagnostic Services of Manitoba), through ongoing leadership and recommendations in planning, implementing, monitoring and evaluating health services for Manitobans.

The expected and actual results for 2011/12 included:

1. Timely information to the Minister of Health, internal clients and the health authorities to support evidence-based decision making.
    - Tracked and reported on a variety of data to assist the Minister of Health and the regional health authorities in their decision making. Emergency room use, surgical and wait time statistics are collected and reviewed regularly and initiatives advanced to improve service delivery.
    - Worked with the regional health authorities, Diagnostic Services of Manitoba, and CancerCare Manitoba to provide information to support decision-making on a range of issues and also strategic initiatives designed to improve service delivery.

2. Timely research and response to public expressions of concern related to service delivery issues.
    - Managed, with related partners, the response by the health care delivery system to issues of public concern including flood, medical isotopes and access to health services.
    - Continued to work to address public concerns relating to incidents, wait times and staffing shortages in the health system.
    - Ensured accountability to Manitoba Health of NOR-MAN RHA in responding to the recommendations made by RHAs to strengthen the value of accreditation.
    - Worked with RHAs to review issues of capacity and flow through the health care delivery system, particularly for individuals awaiting placement in personal care homes.
    - Addressed Manitoba Health's strategic priorities focusing on the changing needs of the health system in the following areas: long-term care, emergency medical services and wait times. All of these initiatives are working toward system enhancements to allow for improved patient care and outcomes.
    - Participated at a national level on matters related to patient safety, critical incident reporting, and knowledge translation in cancer control.

5(a) Administration

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	285	4.00	302	(17)	
Other Expenditures	79		57	22	
Total Sub-Appropriation	**364**	**4.00**	**359**	**5**	

Emergency Preparedness and Response

The Emergency Preparedness and Response Branch (EPRB) is the provincial regulator of emergency medical services (EMS) providers and services. The EPRB's mandate is to provide leadership and direction that ensures the provision of effective and efficient EMS and EMS education throughout the province by Manitoba Health, the RHAs and other agencies funded by, licensed or approved by the Manitoba Health. The EPRB role is to develop and implement legislation, regulations, policies and standards to support the effective delivery of EMS in the province.

The objectives were:

- To facilitate the development of EMS delivered by the RHAs.
- To carry out activities related to the regulation of medical transport in Manitoba.
- To coordinate the operation of the Lifeflight Air Ambulance Program and the South Air Ambulance Inter-Facility Transport Program.

The expected and actual results for 2011/12 included:

1. Effective administration of *The Emergency Medical Response and Stretcher Transportation Act* and Regulations with respect to licensing providers of land ambulance, air ambulance, stretcher car services and licensing personnel.
   - For 2011/12, the EPRB issued the following service provider licenses for:
     - 27 providers of land ambulance
     - 17 providers of medical first response
     - 7 providers of air ambulance
     - 1 provider of stretcher care service
     - 2 providers of dispatch centers
   - As of March 31, 2012, there were 2,846 licensed EMS personnel in Manitoba. The breakdown for the personnel licence categories are: 2,209 land personnel, 205 aeromedical attendants, 261 pilots and 171 stretcher attendants. Included in this are: 348 new personnel licence holders and 521 personnel who renewed their licences in 2011/12.
   - Processes are in place in the EPRB to protect the public for situations when new applicants or license holders have criminal offences or criminal charges pending.

2. Land, air and ambulance services will be in compliance with *The Emergency Medical Response and Stretcher Transportation Act* and Regulations.
   - Application for annual licensure occurs in September and licences are distributed for January 1. All applicants must meet legislative and regulatory requirements on an annual basis including a physical inspection of their transportation platforms and garages/hangars. If services do not meet standards, they may be suspended, or considered for provisional licensure on a temporary basis until they can meet the licensing requirements.
   - There were eight service providers that received provisional licenses during 2011/12.

3. Competent EMS practitioners.
   - The EPRB is responsible for administering the provincial exam for licensure candidates at the Technician, Technician Paramedic, and Technician Advanced Care Paramedic levels.
   - During 2011/12, 336 exam candidates were examined by the EPRB Branch. There were no appeals to the Manitoba Health Appeal Board regarding exam results.
   - The EPRB holds a position on the Council known as the Canadian Organization of Paramedic Regulators (COPR) who has been developing a plan to ensure barrier-free mobility and compliance with the Agreement on Internal Trade since 2009.
   - Alternate Route to Maintenance of Licensure (ARML) is a continuing education program designed to ensure clinical competence for licensed paramedics. The EPRB is responsible for the ARML program and conducts an annual audit of individual licence holders' documented completion of mandatory and optional credits. Thirty three license holders were reviewed in 2011/12 and were found to have complete ARML requirements.

- The ARML Advisory Committee, which was established in fall 2010, completed the ARML program review in November 2011, and the EPRB, submitted the committee's report to the Minister in February 2012. The purpose of the formation of this group was to make recommendations for the continuing competency requirements of individual license holders into the future.

4. Safe medical transportation of Manitoba residents by fixed wing, land ambulance and land stretcher service.
    - Lifeflight provided safe transport for 374 seriously ill or injured patients from rural and northern facilities to tertiary centres primarily in Winnipeg. Lifeflight also arranges for the air transportation of pre-approved Manitoba residents to facilities out of province when their care is unavailable in Manitoba. Lifeflight arranged for the transport of 120 Manitoba residents who required medical care not available in Manitoba. There were no critical incidents reported to Manitoba Health by the Lifeflight service.
    - Entered into a service purchase agreement with Shock Trauma Aviation Rescue Service (STARS) to provide a rotary wing air ambulance service to southern Manitoba. A full year of statistics cannot be reported at this time, and there were no critical incidents reported to Manitoba Health by STARS.
    - Implemented a pilot project for a fixed wing southern air ambulance initiative to provide inter-facility air ambulance service (that would otherwise have been provided by the land ambulance system) to residents who would experience one way land ambulance trips greater than two and one half hours. A full year of statistics cannot be reported at this time.

5. Safe patient care administered by EMS personnel adhering to EMS standards, treatment guidelines and treatment protocols.
    - Current and relevant EMS standards and policy.
    - Manitoba's Emergency System Medical Advisory Committee (MESMAC) establishes medically accountable treatment guidelines, treatment protocols and standards for pre-hospital patient care. The position of provincial EMS medical director was vacant for the latter half of 2011/12; therefore, MESMAC did not meet during 2011/2012 and there were no revisions to the Emergency Treatment Guidelines.

6. Robust and informative data collection processes and indicators for EMS.
    - For several years the EPRB has been seeking a replacement for an EMS Patient Care Report Data warehouse and analysis/reporting tool built for the department in 1995 and which ceased to operate in 2008. Since then, the EPRB has been relying on the Medical Transportation Coordination Centre (MTCC) for data collection and monitoring of the EMS system. The MTCC refined the data reporting system for the EPRB.

7. Effective administration of the Northern Patient Transportation Program (NPTP) that enables the RHAs to ensure access to medical services for residents in northern Manitoba.
    - The NPTP has been reviewed and the review findings have confirmed that the NPTP provides an important travel subsidy and that there is major potential for program efficiencies. The EPRB has been working with the RHAs administering the NPTP to identify opportunities for developing greater efficiencies and accountability in the program. Stakeholder consultations have occurred and the EPRB is continuing efforts with the RHAs to identify ways of enhancing the program while containing costs.
    - The EPRB worked with the MTCC First Nations and Inuit Health and the licensed air carriers in the province to centralize the dispatch of air ambulance in the province to achieve efficiencies and effectiveness for air ambulance transport in general, and the NPTP specifically. This initiative began in March 2012.

8. Manitobans receive timely response to enquiries.
    - The EPRB has a website for the public to make enquiries. The EPRB responds to these inquires within one to five working days.

5(b) Emergency Preparedness and Response

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,419	14.00	1,223	196	
Other Expenditures	10,248		5,342	4,906	1
External Agencies	16		23	(7)	
Total Sub-Appropriation	**11,683**	**14.00**	**6,588**	**5,095**	

Explanation Number:

1. Primarily due to the extension of the Shock Trauma Air Rescue Society (STARs) program

Office of Disaster Management

The Office of Disaster Management (ODM) is involved with an increasing number of emergencies and disasters that require higher levels of preparedness and longer response operations than in previous years. In the last five years, the office has trended from a balance of approximately 5% (fiscal year 2005/06) of branch time being devoted to response operations to over 80% in the 2010/11 fiscal year. This trend has continued into 2011/12 which included major response operations such as spring flooding. Some areas of ODM have remained in response operations for over a year with this event.

The objectives were:

- To ensure the health sector is able to meet the health needs of Manitobans during and after disasters through prevention and mitigation, preparedness, response and recovery activities.

The expected and actual results for 2011/12 included:

1. A disaster management program for Manitoba Health that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1600 Standard on Disaster/Emergency Management and Business Continuity Programs).
    - The ODM continued to work with regional health authorities in the implementation of their disaster management programs. This work is based on a hazard assessment of the risks these events pose to the health of Manitobans. Based on this hazard assessment, the ODM has concentrated work with RHAs in the areas of flooding and severe weather preparedness (heat waves, tornados, hail and severe thunderstorms).
    - Operational support during emergencies and disasters continue on an as needed basis. The ODM provides emergency management advice and co-ordination to RHAs through the Manitoba Health Duty Officer. During the 2011/12 year, the Manitoba Health Duty Officer provided advice and co-ordination in over 100 events. The 2011/12 year saw the ODM providing intensive operational support and guidance in emergencies. In addition, the Manitoba Health Emergency Coordination Centre (ECC) was activated for the following:
        - Oxford House Personal Care Home evacuation
        - Wildland fires in southeast Manitoba
        - 2011 spring and summer flooding
        - Sandoz National Drug Shortage

2. A fully integrated health incident management system for Manitoba Health and the RHAs that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1561 Standard on Incident Management Systems).
    - Manitoba Health and RHAs continue to refine their incident management systems through operational and exercise experiences. Manitoba Health has put into place a policy direction requiring all RHAs to develop and implement incident management systems. At the RHA level, functional incident management systems are in place and training continues for management and staff at all levels. RHAs have successfully implemented Incident Management Systems to respond to a variety of emergencies and disasters throughout the province, such as the spring flooding event.

- At Manitoba Health, the Emergency Response Management System (ERMS) has been developed to respond to large scale health sector emergencies such as a pandemic influenza. The ERMS has also been implemented centrally in Manitoba Health to respond to public health events. Most notably the spring flooding event required a large scale and long duration activation of the ERMS. At the end of the 2011/12 year, the Sandoz National Drug Shortage required another large scale and anticipated long-term activation of the ERMS.
- At the national level, Manitoba Health is working closely with Federal Provincial Territorial counterparts to ensure a unified National Health Incident Management System that will allow for a coordinated response to large scale regional or national health emergencies.

3. A coordinated and effective preparedness and response structure within Manitoba Health and the RHAs.
    - Manitoba Health continues to work with a variety of stakeholders to ensure that preparedness is in place to limit morbidity, mortality and societal disruption during emergencies and disasters. Preparedness work was concentrated in the areas of spring flooding, mass communications, the common operating picture, the heat alert and response system as well as the implementation of a rotary wing pre-hospital primary care program with the Shock Trauma Air Rescue Society (STARS).
    - These preparedness processes have required the development of sophisticated inter-agency mechanisms that have enhanced preparedness across the health sector, as well as across the Manitoba government as a whole.

5(c) Disaster Management

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	503	7.00	403	100	
Other Expenditures	924		545	379	1
Total Sub-Appropriation	**1,427**	**7.00**	**948**	**479**	

Explanation Number:

1. Primarily due to Flood costs not covered by Disaster Relief

Health System Monitoring

The objectives were:

- To support the Minister of Health, the health authorities (regional health authorities (RHAs), CancerCare Manitoba and Diagnostic Services of Manitoba) in monitoring and evaluating safe, high quality, effective, evidence-informed health services.
- To inform Manitobans and Manitoba Health about the quality, safety and utilization of, access to, and capacity of health services.

The expected and actual results for 2011/12 included:

1. Health authorities are in compliance with the critical incident reporting requirements of *The Regional Health Authorities Act* and *The Manitoba Evidence Act.*
    - Five hundred and twenty-six critical incidents were reported during 2011/12, representing a decrease of 19% from 2010/11. The most frequently reported category of critical incidents remain falls, with critical incidents related to clinical care and medications being the next most frequently reported events.

2. Personal care homes operate in compliance with the Personal Care Home Standards Regulations as set out under *The Health Services Insurance Act*.
    - On-site standards reviews to assess compliance with established provincial standards were conducted in PCHs in the following RHAs: Assiniboine, Burntwood, Central, Interlake, NOR-MAN and Winnipeg.
    - Fourteen (14) unannounced reviews were conducted in PCHs across the province.

- The results of all PCH standards reviews and subsequent PCH actions were analyzed.
- The PCH staffing initiative, established in 2007, was undertaken to standardize the number of care hours provided in PCHs across the province. The target hours per resident day (HPRD) was set at 3.6 HPRD in 2007; 2010/11 HPRD data reflected a provincial average of 3.75.
- Work continued towards licensing six (6) First Nations PCHs, on an interim basis, as announced in 2008. The communities involved in this initiative include:
    - Opaskwayak (Rod McGillivary Memorial Care Home in NOR-MAN region)
    - Sioux Valley (Dakota Oyate Lodge in the Assiniboine region)
    - Sagkeeng (George M. Guimond Care Centre in the North Eastman region)
    - Oxford House (George Colon Memorial Home in the Burntwood region)
    - Fisher River (Ochekwi Sipi Personal Care Home in the Interlake region)
    - Peguis (Peguis Senior Centre in the Interlake region)*
    - The current physical structure needs to be replaced as it cannot be upgraded to meet the requirements of the Design Guidelines for Long-Term Care Facilities. Work towards licensing this facility will follow the replacement of the building.
- Manitoba Health staff continued to provide education and support regarding the provincial PCH standards.
- Manitoba Health staff continued to meet regularly with Aboriginal Affairs and Northern Development Canada (AANDC) previously known as Indian and Northern Affairs Canada (INAC) to share information and to receive updates on the funding and capital upgrades. Collaborative work has continued with the goal of achieving licensing on an interim basis.

3. Eligible PCHs are licensed.
    - There are a total of 9,682 licensed PCH beds in 125 facilities province wide.
    - Staff provided leadership in the annual licensing and ongoing monitoring of the 125 PCHs across the province. This included reporting the findings of on-site reviews, as well as initiating follow-up with action plans and PCH-related complaints such that all 26 PCH standards will be met over time.
    - PCH licences were reviewed against an established set of criteria. Criteria for the addition of conditions to licences have been implemented.

4. Health system partners and stakeholders are informed of emerging health issues, service gaps and the quality and safety of care.
    - Regions were assisted in planning for and implementing housing, home and community support and service options for individuals to allow them to "age in place", as well as delaying or preventing placement in PCHs.
    - A formal and comprehensive Long-Term Care Strategy "refresh" activity was initiated to further ensure that appropriate local support services match the needs of individuals and families along the continuum, including high quality, dignified end-of-life care.
    - The second critical incident learning event for RHAs and provincial organization leadership was held in November 2011. This event provided the opportunity to share learning from five years of mandatory critical incident reporting, explore different models for investigation of patient safety events and highlight the development of relevant actionable recommendations.
    - Extensive work was undertaken to prepare for the public posting of critical incidents on the Manitoba Health Patient Safety website anticipated in fall 2012.

5. New and expanded programs are implemented in accordance with government priorities.
    - Preliminary planning was initiated with provincial and regional stakeholders in order to identify potential program and service enhancements that would support Aging in Place.
    - The Physical, Intellectual, Emotional, Capabilities, Environment, and Social (P.I.E.C.E.S. ™) dementia education program continued in all RHAs. The P.I.E.C.E.S.™ program model increases the ability of Manitoba's health care providers and informal caregivers to deliver quality care and services to people affected by Alzheimer's disease and related dementias.

6. Manitobans receive timely response to enquiries.
    - Timely investigations and responses continue to be provided to verbal and written inquiries by the public, as well as media issues/expressions of concerns related to health care delivery within Manitoba.

- This includes providing timely and appropriate information to individuals, within the boundaries of *The Personal Health Information Act (PHIA)* and *The Freedom of Information and Protection of Privacy Act (FIPPA)*, on individual and systemic health care enquiries, including referrals for services and appeal process information.

5(d) Health System Monitoring

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,225	15.12	1,161	64	
Other Expenditures	348		352	(4)	
External Agencies	728		729	(1)	
Total Sub-Appropriation	**2,301**	**15.12**	**2,242**	**59**	

Health System Support

The objectives were:

- To support the Minister of Health and health authorities [regional health authorities (RHAs), CancerCare Manitoba and Diagnostic Services of Manitoba (DSM)] in planning and delivering safe, high quality, efficient, effective, evidence-informed health services.

The expected and actual results for 2011/12 included:

1. Health system partners and stakeholders are informed of emerging health issues, service gaps and the quality and safety of care.
    - Supported the Winnipeg RHA Emergency Department Redevelopments with the goal to improving services, including Grace Hospital Emergency Department Redevelopment and Health Sciences Centre's Emergency Department redevelopment of triage/registration physical space to eliminate and/or reduce delays.
    - Implemented a quality audit in Winnipeg RHA sites on treatment of patients with sepsis. Based on the results, a committee has been created to develop a tool to enable early identification of patients with sepsis at triage, along with a communication tool to help ensure the transfer of patient information at transition of care. The pilot of a regional emergency department sepsis protocol has been completed and the protocol approved for full implementation in 2012.
    - Supported the Canadian Stroke Network's chart audit of stroke patients in Winnipeg and Brandon.
    - Provided support to the Intercity Bus Working Group (intergovernmental group) working toward maintaining transportation services that will sustain access to health services when Greyhound ends Manitoba passenger service July 1, 2012. Contingency planning is under way to sustain access to the health system and ensure partners such as Canadian Blood Services, Diagnostic Services of Manitoba and Cadham Provincial Laboratory have alternative transportation mechanisms established to ensure business continuity.
    - Monitored and reported on the NOR-MAN RHA's progress towards implementing all of the 44 recommendations from the NOR-MAN Review Report.
    - Participated in RHA Board and Executive Management meetings providing information about a wide range of health issues, policies and concerns.
    - Participated in the Regional Health Authorities of Manitoba (RHAM)'s Health Promotion Network to support the enhancement of health promotion strategies by developing and maintaining communication links between similar programs and services within each of the regions and throughout Manitoba.
    - Participated on the Management Information System Committee which addresses standardization and reporting of data on Regional Health Authority Administrative Performance Indicators, ensuring timely and accurate information on health system performance.
    - Participated on the RHAM's Acute Care Network which addresses common health care issues related to the delivery of safe, effective and efficient care services.
    - Participated in the RHAM's Health Planning Network providing information and consultation to RHAs regarding health and strategic planning.

2. Current programs are executed in accordance with established plans and authorities.
    - Participated as the lead for the Unified Referral and Intake System (URIS) Interdepartmental Committee with Manitoba Family Services and Consumer Affairs and Manitoba Education as partners. With the assistance of the URIS Provincial Co-ordinator implemented the plans for the transition of URIS to an RHA delivered model. URIS supports children who need assistance performing special health care procedures when they are in community programs and apart from their families and caregivers.
    - Participated on the Intersectoral Working Group (IWG) of the Specialized Services for Children and Youth (SSCY), intended to implement a coordinated planning, delivery and evaluation system to maximize the effectiveness and efficiency of service delivery for children and youth with developmental disabilities and their families.
    - Participated in planning for the development of the new Women's Hospital at the Health Sciences Centre. The new facility will include public amenities, admitting services, ambulatory care clinics, a fetal assessment unit, obstetrical triage, a family birth place, family-centered mother and baby units, a neonatal intensive care unit (NICU), a women's surgical centre, an inpatient gynaecological unit, staff facilities, and research and educational space.
    - Participated in the Western Canadian Children's Heart Network (WCCHN) which improves access to paediatric cardiology clinic services, has resulted in an interprovincial paediatric cardiology database, improved collaboration on clinical practice guidelines and produced regular education events and Telehealth sessions.
    - Participated on the Advisory Committees for the Canada Prenatal Nutrition Program (CPNP) and the Community Action Program for Children (CAPC) off-reserve in Manitoba delivered across Canada by the Public Health Agency of Canada. For those facing challenging life circumstances, the programs help communities promote healthy development of young children and their families, and promote public health and provide support to improve the well-being of pregnant women, new mothers and babies.
    - Continued to support the Cardiac Sciences Program (CSP) in its efforts to achieve the Koshal recommendations. In April 2011, the Winnipeg RHA CSP announced the relocation of the CSP into the newly renovated space in the Asper Centre in April, 2011. Twenty-eight of the 42 recommendations of the Koshal report are completed with the remaining 14 recommendations in progress.
    - Participated on the Formal Approval Process for Oncology Drug Committee in order to formalize a process by which cancer drugs are approved under the Provincial Cancer Oncology Drug Program.
    - Supported the Professional Imaging Advisory Council whereby replacement of specialized equipment for Nuclear Medicine, Radiology, CT/MRI and Ultrasound across the province is prioritized for the fiscal year.
    - Participated on the Canadian Partnership Against Cancer Breast, Colorectal and Cervical Cancer Screening Initiatives and Vulnerable Patient Population Focus Groups.
    - Participated on the Digital Mammography Committee resulting in the development of a Consolidated Proposal for the Implementation of Digital Mammography for all Manitobans.
    - Participated on the implementation of the Western Manitoba Cancer Centre (WMCC) located at the Brandon Regional Health Centre. The WMCC officially opened in May 2011. This is the first location outside of Winnipeg to provide radiation therapy. Patients no longer have to travel to Winnipeg for their radiation therapy treatments. The Brandon Radiation Oncologist began clinic appointments in May 2011.
    - A year one review was undertaken for the Eriksdale Wellness Centre to measure the attainment of deliverables for this new model of care to clients experiencing the cancer journey. The benefits of patient navigation and social support were reviewed as a model of improved service delivery to the Interlake RHA.
    - Staff continued to monitor health care service suspensions with information provided by RHAs included in the Record of Exceptions to Usual Services.

3. New and expanded programs are implemented in accordance with government priorities.
    - Participated in the planning and continued implementation of the first-in Canada, Cancer Wait Time Strategy entitled "Transforming the Cancer Patient Journey in Manitoba." This initiative aims to reduce the total patient journey from up to nine months to two months or less.

- Activities completed include:
    - The Manitoba Cancer Partnership Steering Committee was established and meets monthly.
    - Transformation of Rural/Urban Community Cancer Care Programs (CCP) has begun with the Boundary Trails CCP announced as the first "hub" in September 2011.
    - Rapid Improvement Leads have been recruited and have begun working with stakeholders to identify process initiatives.
- Collaborated with the Winnipeg Regional Health Authority Diagnostic Imaging Program to proceed with the construction of a new 7 storey Diagnostic Imaging Facility including a heliport at Health Sciences Centre.
- Collaborated with DSM to assist DSM to achieve College of American Pathology (CAP) accreditation. CAP accreditation is considered the world-wide gold standard in laboratory, transfusion medicine and diagnostic imaging accreditation.
- Collaborated with the Manitoba Home Cancer Drug (HCD) program to facilitate access to cancer drugs and supportive therapies at no cost to the patient (i.e. 100% of the cost of cancer treatment and support drugs with no deductibles for patients at home).
- Participated in the planning for the development of a cochlear implant and bone anchored hearing aide surgery program in Manitoba, which began in October 2011 at Health Sciences Centre. Recipients previously travelled out of province for the surgery.
- Participated in the May 2011 WRHA Health Sciences Centre opening of ten additional hemodialysis stations in order to provide treatment to 60 dialysis patients and the opening of the Russell Renal Health Centre that will provide treatment for Assiniboine RHA residents.
- Collaborated with the RHAs and the Manitoba Renal Program in preparations for the spring 2012 opening of two new renal health centres that will become operational in First Nation communities. The Hodgson Area Renal Health Centre and Berens River Renal Health Centre will provide renal health prevention, education and dialysis services closer to home.
- Continued the development of a Renal Health Framework to sustain and improve distributed renal health services over the next five years. The Framework will guide investments in renal health, which include investments in prevention, early detection, patient self-management and local access to services.
- Continued to support and work with stakeholders in the existing Living Organ Donor Reimbursement Program to help remove financial barriers to living organ donors which contributed to the successful kidney transplant chains in February, 2012 when Manitoba residents and the Transplant Manitoba healthcare team participated in Canadian Blood Services Living Donor Paired Exchange program.
- Participated in the jurisdictional review of the Call to Action a strategic plan to improve organ and tissue donation and transplantation performance for Canadians, in the future the provincial governments will make decisions on the next steps for this document.
- Supported and implemented all but one of the recommendations of the Emergency Care Task Force and identified an implementation plan with only the Health Information System Project remaining due to funding implications.
- Planned for Grace Hospital short-stay unit to serve the health care needs of the frail elderly patients, which is scheduled to open in 2012.
- Provided support for the Misericordia Health Centre Redevelopment project Phase 1, which began in April 2011 and is estimated to be completed in 30 months.
- Continued to monitor all regional improvement strategies and in particular those designed to improve emergency department (ED) wait times. Some examples are as follows:
    - Regular communication among WRHA facilities related to bed management, repatriation and joint patient centered problem solving; support of the Winnipeg Fire Paramedic Service in the timely offloading of patients in busy EDs and the acceptance of stable patients arriving by ambulance at Urgent Care; ED Redevelopments at all the WRHA ED facilities with approval to proceed with the redevelopment at Grace Hospital; these redevelopments will better meet the needs of the changing population demographics, by the use of LEAN quality improvement principles, introduction of strategies to improve communication, enhanced triage nursing protocols, nurse initiated laboratory and diagnostic imaging testing, as well as implementation of electronic patient information boards.

- Through collaboration with the Manitoba Health Research Council (MHRC), it was announced on April 5, 2011, the Province would commit $5 million for multiple sclerosis research in partnership with Saskatchewan, for exploration of chronic cerebrospinal venous insufficiency in multiple sclerosis, which would be coordinated through the MHRC.
- Support was provided for the development of a Pain Clinic in Thompson to improve access to this specialty care by additionally trained anaesthetists that also operate the Pain Clinic in Winnipeg. This prevents lengthy travel for individuals experiencing chronic pain and is in line with the priority to improve service delivery and to provide services closer to home.
- Participated on the Autism Spectrum Disorder (ASD) Inter-Departmental Committee. In June 2011, the Manitoba government launched a five-year strategy called Thrive! to support Manitobans affected by ASD. The ASD Inter-Departmental Committee is comprised of representatives from Manitoba Health, Manitoba Education and Manitoba Family Services and Consumer Affairs.
- Participated in the review and prioritization/approval of funding requests for specialized equipment by RHAs, CancerCare Manitoba and DSM.
- Review of the regional health authorities health plans undertaken to ensure that plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resources allocations with evidence-informed rationale.
- Development of provincial funding schedules to address regional health planning needs.
- Ongoing planning related to the functional programming and operational requirements for a variety of new/approved capital projects, including a replacement Tabor Personal Care Home in Morden, a replacement hospital in Notre Dame de Lourdes and a replacement hospital in Selkirk.
- Participation in the Manitoba Breast & Women's Cancer Network has helped to ensure resources and support around breast and women's cancer are available to women, men and their families.
- Leadership and participation in Maternal and Child Healthcare Services (MACHS) committees and working groups to address acute care specialty access. Current gaps in referral services have been addressed, as well as further identification and support for specialist services and access to improved services closer to home, with confirmed exploration to inform refinement in co-ordination of services.

4. Manitobans receive timely response to enquiries.
   - Timely investigations and responses continue to be provided to verbal and written enquiries by the public, as well as media issues/expressions of concerns related to health care delivery within Manitoba.
   - This includes providing timely and appropriate information to individuals, within the boundaries of *The Personal Health Information Act* (PHIA) and *The Freedom of Information and Protection of Privacy Act* (FIPPA), on individual and systemic health care enquiries, including referrals for services and appeal process information.

5(e) Health System Support

Expenditures by Sub-Appropriation	**Actual 2011/12 $(000's)**	**FTE**	**Estimate 2011/12 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Salaries and Employee Benefits	1,253	18.50	1,301	(48)	
Other Expenditures	183		243	(60)	
Total Sub-Appropriation	**1,436**	**18.50**	**1,544**	**(108)**	

Office of the Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required statutory and non-statutory functions in order to protect the health and well-being of Manitobans, as well as promote their improved mental health status.

The objectives were:

- To carry out required statutory and non-statutory functions by administering *The Mental Health Act* and the Orders of Committeeship Program, providing professional consultation to the health care system, and promoting the recruitment and retention of psychiatrists in the province in order to promote the health and well-being of Manitobans, and optimize their mental health status.

The expected and actual results for 2011/2012 included:

1. Preservation of patients' rights under *The Mental Health Act*.
    - Continued to promote effective operation of *The Mental Health Act* and Regulations.
    - Responded to numerous enquiries regarding interpretation and practical application of *The Mental Health Act*.
    - Consulted as required with the Manitoba Health Legislative Unit and Manitoba Justice Civil Legal Services to assist in the proper interpretation and application of *The Mental Health Act* and Regulations.

2. Interpretation and application of *The Mental Health Act*.
    - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
    - Consistently implemented the Manitoba Health policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services," setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.

3. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of Previous Orders of Committeeship.
    - Processed 339 Certificates of Incapacity applying for Orders of Committeeship and issued 307 new Orders of Committeeship appointing The Public Trustee of Manitoba as committee of the person's property and personal care.
    - Cancelled 20 previous Orders of Committeeship.
    - Issued 78 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
    - Pursuant to the Order of Committeeship policy, provided an interview with the Director of Psychiatric Services to persons who submitted a written objection to the Notice of Intent to issue an Order of Committeeship, prior to the appointment of the Public Trustee as committee.
    - Maintained required working liaison with the Office of The Public Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.

4. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
    - Four specialists in psychiatry, who successfully completed their periods of enrolment in the Career Program in Psychiatry, continued to fulfill their return of service commitments in areas of need in Manitoba. General psychiatry, child and adolescent psychiatry, and psychogeriatric psychiatry have thereby been enhanced in the regional health authorities (RHAs) of Winnipeg, Brandon and Central.
    - Three University of Manitoba residents in the specialty of psychiatry participated in the Career Program in Psychiatry, accruing return of service commitments in areas of need in Manitoba.
    - Provided consultation and advice to relevant agencies regarding the recruitment and retention of psychiatrists in Manitoba.

5. Consultative liaison with RHAs and other sectors of the health care system.
   - Maintained relevant linkages and appropriate consultation with the RHAs regarding various aspects of the mental health system.
   - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy, and the statutory implications of *The Mental Health Act*, to clients, stakeholders and various sectors of the health system.

6. Tracking of the Orders of Committeeship Program and the regulated Forms under *The Mental Health Act*.
   - Continued data entry for the computer databases for The Mental Health Act and the Orders of Committeeship Program.
   - Additional computer databases were operational for selected data analysis during the year.

5(f) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	461	2.40	440	21	
Other Expenditures	51		60	(9)	
Total Sub-Appropriation	**512**	**2.40**	**500**	**12**	

Health System Development

The primary focus of Health System Development (HSD) is:

- Governance and accountability consultation to the health authorities
- Coordination of community health assessment and health planning
- Data base support for departmental structures and processes
- Policy support for the division
- Monitoring of regional accountability practices

HSD also participates in the development of new and/or expanded programs and services.

The objectives were:

- To improve evidence-informed planning and decision-making.
- To develop department policy positions on focused health system issues and topics.
- To improve the health authority health assessment process and health planning.
- To improve health authority governance and accountability.

The expected and actual results for 2011/12 included:

1. Strengthened health authority governance.
   - Worked with Regional Health Authorities of Manitoba (RHAM) to revitalize the Governance and Education Sub-Committee of the RHAM Council of Chairs.
   - Planned, with the Community for Excellence in Health Governance, governance education processes for the health authorities.
   - Coordinated the development of a new board structure for Diagnostic Services of Manitoba.

2. Coordinated community health assessment and health plan processes.
   - Provided leadership to Community Health Assessment (CHA) Network in process of planning for fourth cycle of CHA in 2014, with emphasis on efforts to increase efficiencies.
   - Worked collaboratively in CHA Indicator Review Committee to complete environmental scan, to review and select a smaller set of best indicators for 2014 CHA, and to validate selection with stakeholders.
   - Continued to work at completing an outcome evaluation of third cycle of CHA (2009/10), including completion of an e-survey of use and impact of CHA in each region, data analysis and presentation to CHA Network.
   - Provided departmental and regional database support to the health planning process.

3. Evidence-informed planning.
   - Lead the development of an evaluation and monitoring plan for several departmental programs/strategies.
   - Coordinated department updates to the annual health plan guidelines and revised the strategic component based on Bill 38 (*The Regional Health Authorities Amendment Act*).
   - Provided health plan process and guidelines support to the regional health authorities (RHAs) to assist them in meeting the legislated requirements.

4. Department policy position on focused issues developed.
   - Developed a magnetic resonance imaging (MRI) background paper, including literature review, environmental scan, Manitoba statistics and recommendations for process to move forward on a provincial MRI strategy.
   - Developed a background paper on reuse of single-use devices (SUD), including an environmental scan involving Canadian Agency for Drugs and Technologies in Health (CADTH) review and a literature review and forwarded options for consideration in developing a policy on reuse of SUDs.
   - Supported increased investment for the development of the Fetal Alcohol Spectrum Disorder (FASD) Network, thereby increasing access to diagnostic services and follow-up for rural and northern children.
   - Collaborated with clinical partners and Manitoba Innovation, Energy and Mines to explore the introduction of an innovative technology [Intraoperative Magnetic Resonance Imaging Scanner (IMRIS)] to cardiac surgery.

5. Strengthened health system accountability.
   - Collated and analyzed the results of the *Year-End Accountability Monitoring Form* which is submitted by the health authorities on an annual basis and provides a snapshot of compliance with legislation and departmental/health authority policies.
   - Reviewed the most current RHA/CancerCare Manitoba accreditation reports and drafted advisory notes and summary documents that describe accreditation level, unmet required organizational practices (ROPs) and recommendations based on the Accreditation Canada survey report.
   - Initiated process for RHAs to submit a plan around how they will address unmet ROPs.
   - Along with Accreditation Canada, co-chaired and participated on the Manitoba Accreditation Working Group that ensures RHAs are supported in the accreditation process.
   - Developed draft guidelines and initiated a consultation process that responds to the accreditation and strategic planning requirements of Bill 38.
   - Provided direction, guidance, support, and monitoring to the health authorities in development of their annual reports that are required under *The Regional Health Authorities Act*. The department received and reviewed all health authorities' 2010-11 annual reports.

6. System-wide frameworks (e.g. renal health services).
   - Developed a divisional plan for policy review and revision.
   - Developed an updated strategic framework for Cancer Services in Manitoba.

5(g) Health System Development

Expenditures by Sub-Appropriation	**Actual 2011/12 $(000's)**	**FTE**	**Estimate 2011/12 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Salaries and Employee Benefits	725	10.73	799	(74)	
Other Expenditures	119		167	(48)	
Total Sub-Appropriation	**844**	**10.73**	**966**	**(122)**	

Office of the Chief Provincial Public Health Officer

The overall goal of the Office of the Chief Provincial Public Health Officer (CPPHO) is to provide coordinated and integrated public health leadership to the public health services and programs at the regional and provincial levels. The major areas of focus include health promotion and protection for the identification, prevention and control of diseases and health disparities that affect populations. The efforts of The Public Health Branch aim to assist government, the community and health professionals in the planning and response to public health issues and emergencies.

The objectives were:

- To monitor and report on the health status of Manitobans.
- To provide advice to the Minister of Health on public health issues.
- To advocate for the improvement of the overall health of Manitobans and reduce health disparities.
- To take appropriate action consistent with the powers and responsibilities described in *The Public Health Act*.
- To provide an environment in which health practitioners can be educated and trained.
- To collaborate on research that improves the practice of public health in Manitoba.

The expected and actual results for 2011/12 included:

1. Effective structures and processes are in place to address the priority issues raised in the Report on the Health Status of Manitobans.
   - A small working group has been established to co-ordinate work on the recommendations of the CPPHO's report, *Priorities for Prevention, Everyone, Every Place, Every Day.*
   - Meetings were held with leadership from all departments of government to review the recommendations of the report and discuss how departments can be involved in contributing towards progress on the recommendations.
   - An inventory of existing programs in relevant departments was created to identify current activities that address recommendations in the CPPHO's report, as well as to identify recommendations that may require more government attention.
   - Important partnerships have been fostered with departments outside of Manitoba Health to ensure work on the recommendations can continue to move ahead.
     1. A set of indicators will be proposed to monitor health inequities and inequalities in Manitoba.
        - A Health Equity Unit has been established. The Unit has developed a work plan that includes working collaboratively with stakeholders to develop a set of health equity indicators. Their plan also includes the development and delivery of capacity-building session on the use of Health Equity tools and providing ongoing support to branches, divisions and departments applying the tools.
     2. A plan for future reports has been developed.
        - A plan for future reports has been deferred pending the recruitment of key positions in the Office of the CPPHO.
     3. Students are provided with educational experiences in the Office of the CPPHO.
        - Two Community Medicine Residents were provided with residencies in the Office of the CPPHO.
        - The CPPHO, in collaboration with other branches in the department, has provided an orientation to Public Health Practice for several groups of medical students throughout the year.
     4. Regulations for *The Public Health Act* will be completed and regularly reviewed to ensure they remain current.

6(a) Office of the Chief Provincial Public Health Office – Administration

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	FTE	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,061	8.00	1,039	22	
Other Expenditures	122		147	(25)	
Total Sub-Appropriation	**1,183**	**8.00**	**1,186**	**(3)**	

Health Services Insurance Fund

The Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long-term care, home care, community and mental health and emergency medical response and transportation services. The Fund also provides direct payments to providers of insured services and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program and Pharmacare.

Funding to Health Authorities

- Acute Care Services
- Long-Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Medical Response and Transportation Services

The objectives were:

- To have health authorities [regional health authorities(RHAs), CancerCare Manitoba(CCMB), and Diagnostic Services of Manitoba(DSM)] provide a service delivery system that responsively, efficiently and effectively meets the needs of their populations and is balanced in an affordable and sustainable manner.

The expected and actual results for 2011/12 included:

1. Allocated funds will be utilized in accordance with *The Regional Health Authorities Act* and *The Health Services Insurance Act*.
   - Funding was allocated to be utilized in accordance with *The Regional Health Authorities Act* and *The Health Services Insurance Act* in respect of the cost of hospital services, medical services and other health services to be provided in specified geographic areas.

2. Financial and statistical information will be provided by the health authorities as defined by Manitoba Health.
   - RHAs and other agencies complied to report data to Manitoba Health, including: management information systems, monthly financial forecasts, wait times data and labour vacancy data.

3. RHAs and CCMB undertake an ongoing community health assessment (CHA) process.
   - Comprehensive CHA reports were received from all health authorities, reviewed and feedback provided.
   - CHA reports were distributed to Manitoba Health branches, to university libraries, and to the Legislative Library.
   - All CHA activities scheduled for the 2011/12 fiscal year were completed, as scheduled in the five year CHA timeline. This included the evaluation work on the past CHA, and planning CHA indicators and community engagement activities for the current CHA cycle, slated for completion in fall 2014.

4. Health authorities' health plans align and address the CHA findings and provincial goals and objectives.
   - CHA reports were completed by the RHAs and CCMB and submitted to Manitoba Health between December 2009 and August 2010. The findings in these reports are reflected in strategic plans, and continue to be used to guide policy and program development and prioritization of services.
   - RHAs and CCMB submitted annual health plans and their five-year strategic plans with priorities and plans developed with the use of CHA findings.

5. Implementation of health plans is managed giving consideration to affordability and sustainability.
   - RHAs participated in personal care home standards visits and the development of action plans to ensure that all the standards are ultimately met.
   - RHAs and CCMB, and air ambulance carriers and stretcher services continued to establish policies and procedures in order to actively participate in and meet the legislative requirements for the reporting and management of critical incidents.
   - RHAs and other land ambulance operators, air ambulance operators and stretcher car services participated in inspections and implemented action plans to ensure compliance with standards.

6. A service delivery system that meets the needs of Manitobans.
   - Recommendations of the Emergency Care Task Force have been addressed and identified and implementation plans have been completed, with only the Hospital Information System Project (HISP) remaining.
   - Supported various RHA Networks on a regular basis.
   - Led the Unified Referral and Intake System (URIS) Interdepartmental Committee with Manitoba Family Services and Manitoba Labour and Education as partners. With the assistance of the URIS Provincial Coordinator, implemented the plans for the transition of URIS to a RHA delivered model. URIS supports children who need assistance performing special health care procedures when they are in community programs and apart from their families and caregivers.
   - Funded the implementation of the Western Manitoba Cancer Centre located at the Brandon Regional Health Centre. The centre officially opened in May 2011. This is the first location outside of Winnipeg to provide radiation therapy. Patients no longer have to travel to Winnipeg for their radiation therapy treatments. The Brandon Radiation Oncologist began clinic appointments in May 2011.
   - A year one review was undertaken for the Eriksdale Wellness Centre to measure the attainment of deliverables for this new model of care to clients experiencing the cancer journey. The benefits of patient navigation and social support were reviewed as a model of improved service delivery to the Interlake RHA.
   - Supported the planning and continued implementation of the first-in Canada, Cancer Wait Time Strategy entitled "Transforming the Cancer Patient Journey in Manitoba." This $40 million comprehensive and aggressive strategy was announced in June 2011 and is targeted at streamlining cancer services and dramatically reducing the wait time for patients between the time cancer is suspected and the start of effective treatment. This initiative aims to reduce the total patient journey from up to nine months to two months or less. Over 6,000 patients are diagnosed annually with cancer while up to ten times more undergo investigations for suspected cancer.
   - Supported the planning for the development of a cochlear implant and bone anchored hearing aide surgery program in Manitoba, which began in October 2011 at Health Sciences Centre. Recipients previously travelled out of province for the surgery.
   - In May 2011, funded the Winnipeg Regional Health Authority Health Sciences Centre opening of ten additional hemodialysis stations in order to provide treatment to 60 dialysis patients and the opening of the Russell Renal Health Centre that will provide treatment for Assiniboine RHA residents.
   - Continued to support and work with stakeholders in the existing Living Organ Donor Reimbursement Program to help remove financial barriers to living organ donors. This contributed to the successful kidney transplant chains in February 2012 when Manitoba residents and the Transplant Manitoba health care team participated in Canadian Blood Services Living Donor Paired Exchange program. Three Manitobans donated kidneys and three Manitobans received kidneys as part of the exchange, which involved two transplant chains and nine kidneys in five different provinces. This event received positive national and local media coverage.
   - Provided support for the Misericordia Health Centre Redevelopment project Phase 1, which began in April 2011 and is estimated to be completed in 30 months. A two-storey building is being constructed in place of the Maryland South building which was demolished. The following programs will be housed in this new building: Eye Care Centre of Excellence, the Ambulatory Diagnostic Centre and PRIME (Program for Integrated Managed Care for the Elderly).

7. Health authorities are compliant with provincial legislation, Manitoba Health policies, standards, reporting requirements and guidelines of core health services.
   - RHAs, CCMB and DSM completed the annual Accountability Monitoring process confirming compliance with various provincial requirements.
   - Manitoba Health received completed annual monitoring form from the RHAs which tracks progress on meeting the expectations of policy *HCS 200.1 – Board Governance and Accountability and other requirements.*
   - Manitoba Health received the 2010-11 annual reports for all health authorities, as required under *The Regional Health Authorities Act.*

7(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	**Actual 2011/12 $(000's)**	**Estimate 2011/12 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Other Expenditures				
Acute Care Services	2,154,121	2,193,486	(39,365)	1
Long Term Care Services	545,636	577,635	(31,999)	2
Home Care Services	311,515	280,928	30,587	1
Community and Mental Health Services	225,791	223,709	2,082	1
Emergency Response and Transport Services	63,380	66,215	(2,835)	1
Third Party Recoveries	(15,046)	(16,076)	1,030	
Reciprocal Recoveries	(55,915)	(63,272)	7,357	3
Recoverable from Urban Development Initiative	(2,000)	(2,000)	-	
Total Sub-Appropriation	**3,227,482**	**3,260,625**	**(33,143)**	

* includes enabling appropriation for Wait Time Initiatives

Explanation Number:

1. Primarily due to a re-distribution of the 2011/12 funding within 7a.

2. Primarily due to delays in program initiatives.

3. Primarily due to lower volume of claims processed.

Provincial Health Services

Provincial Health Services is comprised of the following:

Hospital – Out Of Province

The objectives were:

- To provide payment to insured residents of Manitoba for insured hospital services required while temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide inpatient and outpatient services to other Canadian residents.

The expected and actual results for 2011/12 included:

1. The portability of benefits under the *Canada Health Act* is upheld and fulfilled through inter-provincial reciprocal billing arrangements.
    - The requirement of portability for benefits under the *Canada Health Act* was fulfilled.

Blood Transfusion Services

The objectives were:

- To provide funding for Manitoba's share of the operating cost of the Canadian Blood Services, which is responsible for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To provide funding for unique-to-Manitoba transfusion-related laboratory testing services by Canadian Blood Services.
- To ensure funding and distribution of adequate, safe and affordable fractionated and/or blood derivative products to Manitoba facilities, physicians and patients.
- To provide funding for Manitoba's commitment to the Multi-Provincial Territorial Assistance Plan (MPTAP) for financial compensation for Manitobans living with human immunodeficiency virus (HIV) as a result of contact with the blood supply.

The expected and actual results for 2011/12 included:

1. Timely delivery of safe, reliable and affordable quality blood products and services to regional health authorities (RHAs), facilities and physicians.
2. Timely and accurate provision of financial assistance to Manitobans eligible for the MPTAP.
3. Timely and accurate response to enquiries regarding issues related to the blood system.

Federal Hospitals

The objectives were:

- To provide funding for services in two federal hospitals and 18 federal nursing stations.

The expected and actual results for 2011/12 included:

1. Two federal hospitals and 18 federal nursing stations are funded for services provided.
    - Two federal hospitals and 18 federal nursing stations are funded for services provided.

Prosthetic and Orthotic Devices

The objectives were:

- To manage and administer payment of benefits for assistive devices as prescribed under *The Health Services Insurance Act*.

The expected and actual results for 2011/12 included:

1. Payment for benefits for eligible Manitobans who require assistive devices for daily living.

Healthy Communities Development

The objectives were:

- To refocus health care system resources to more appropriate and less costly alternatives, with a particular emphasis on prevention and health promotion, and to bridge the transitions through the Healthy Communities Development Fund.

The expected and actual results for 2011/12 included:

1. Development of a more effective and affordable health care system through the funding of initiatives.
    - Investments occurred in a number of initiatives designed to promote an effective and sustainable health care system. Specific examples would be Physician Integrated Network project and Manitoba Patient Access Network.

Nurses Recruitment and Retention Initiative

The objectives were:

- To attract and retain registered nurses, registered psychiatric nurses, and licensed practical nurses to Manitoba, through relocation assistance, grants, financial incentives and other strategies.

The expected and actual results for 2011/12 included:

1. Improved supply of nurses in Manitoba and increased interest in nursing as a profession through incentive programs and marketing strategies.
    - As of March 31, 2012, the Nurse Recruitment and Retention Fund (NRRF) has provided Relocation Assistance to a total of 1,609 individuals who have moved to Manitoba to work as nurses since 1999.
    - The Conditional Grant Program has provided a total of 758 grants as of March 31, 2012, to fill rural and northern vacancies since its establishment in July 2004.
    - The Personal Care Home Grant, which began January 1, 2008, can be received in conjunction with other financial assistance from the NRRF, such as Conditional Grants and Relocation Assistance. A total of 321 vacancies in personal care homes have been filled since January 2008.
    - In January 2009, the NRRF commenced a $2,000 grant to assist Internationally Educated Nurses (IEN) with the costs associated of taking the registered nurse bridging program at Red River College. As of March 31, 2012, 120 IENs have received assistance with the IEN Grant.
    - The NRRF has allocated more than $13.5 million since 1999 to the RHAs to support continuing education for nurses. The NRRF has also allocated "one-time" funding of more than $2.6 million as of the 2011/12 fiscal year to support a range of specialty nursing programs and projects within the province.
    - Since 1999, Refresher Program Funding has been allocated to individuals striving to re-enter the nursing workforce, contingent upon the completion of an approved refresher program. Financial assistance for up to 80% of course costs (up to a maximum of $2,000) per individual is available to complete approved nursing refresher programs. Over $766,000 has been directed to support nurses re-entering the nursing profession.

Physician Resource Coordination Office

The objectives were:

- To support a balanced, effective and efficient physician recruitment strategy in Manitoba that recognizes the needs of the province, as well as the needs of individual RHAs.

The expected and actual results for 2011/12 included:

1. Improve the coordination of recruitment and retention activities in Manitoba.
    - The Physician Resource Coordination Office (PRCO) continued to be the coordinator and central resource for physician information and initiatives. The PRCO continued to maintain, develop and strengthen structures put in place to promote regular, frequent and inclusive communication between the PRCO, RHAs, the Office of Rural and Northern Health (ORNH), the University of Manitoba, Faculty of Medicine, the College of Physicians and Surgeons of Manitoba (CPSM), medical students and other community stakeholders (including the Association of Manitoba Municipalities and private employers).

2. Implementation/facilitation of solutions identified by stakeholders that will contribute to addressing identified systemic barriers to recruitment and retention of physicians. Collaborative work among stakeholders resulted in:
   - Broadening of the eligibility criteria for the Provincial Specialist Recruitment Fund (PSRF). Since 2001, approximately 360 physicians have received grants through the PSRF for more than $5 million to date;
   - Implementation of the Physician Resettlement Fund (PRF), targeted to both family practitioners and specialists. Since its inception in 2009, the Fund has provided approximately 65 grants for a total of $340.0. Of the physicians that have been recruited to Manitoba through the PRF, 40 have settled in rural/northern Manitoba;
   - Continued facilitation of the introduction of graduates of the University of Manitoba Physician Assistant Education Program into the Manitoba Health system. Program graduates are now working in a variety of clinical settings across Manitoba.
   - Re-launching the Medical Student/Resident Financial Assistance Program to provide eligible medical undergraduates $12,000 in funding in each of their four years of medical school. Each grant requires a commitment to return six months of service to under-serviced populations upon graduation. In the fourth year of medical school, students will have the option of taking a $25,000 grant by committing to an additional one-year return of service. The new program, implemented in the fall of 2011, has been very successful. Over 251 undergraduate medical students/residents signed up for grants in exchange for providing service in under-served rural and northern communities. In total, this will result in nearly 250 years of medical services returned to Manitoba communities.
   - Implementation of grants to support students in the Northern Remote Family Medicine Residency Stream (NRFMRS), formerly the Physician Placement Initiative. The NRFMRS encourages physicians to practise in northern Manitoba (after training applicants must return service of two plus years in rural/remote Manitoba and upon completion of return of service are guaranteed consideration for a specialty residency position in Manitoba). Program graduates are returning service in northern/remote Manitoba.
   - Coordinating the sharing of information between rural communities, municipal leaders and regions in the form of a guide on best practices to support their roles in recruitment and retention of physicians - Physician Recruitment and Retention in Manitoba, Best Practices;
   - Establishment of the repatriation coordinator role to support Manitobans/Canadians studying abroad to repatriate back to Manitoba. The coordinator chairs a repatriation working group, with representation from the University of Manitoba, the ORNH, the CPSM, Vice President Medical and the PRCO. The province is supporting the work of the co-ordinator by offering the “Home for the Summer” program, which provides funding to regional employers who wish to employ Canadians studying abroad (CSA) with ties to the community over the summer in order to provide the CSA with exposure to the Manitoba medical system, and improve their chances of matching to a post-graduate program in Manitoba.
   - Continued improvement in the transparency and consistency of licensure processes related to international medical graduates (IMGs). Through the feedback of regional stakeholders, there is now an integrated process through the University of Manitoba, Faculty of Medicine, for screening and assessing IMGs. The improvements will ensure that the strongest candidates are identified and supported to successfully transition to practice in Manitoba. The PRCO has also concluded stakeholder discussions and implemented changes to the Non-Registered Specialist Assessment Program (NRSAP), which include aligning NRSAP (specialists) with improvements made to general practitioner assessment and training efforts. The changes will improve the quality and success rates of specialists in Manitoba going through assessment, which will result in better service planning for regional employers. These changes were implemented July 1, 2011.
   - Supporting and collaborating with the ORNH on their action plan to increase the recruitment of rural students into medicine; increase undergraduate exposure to rural practice; additional training opportunities for residents to train in rural practice; restructuring of rural medical education for rural practitioners; and infrastructure support in the form of the ORNH.
   - The PRCO continues to work through the stakeholder network to identify further efforts to effectively target physician recruitment and retention. The CPSM Annual Report notes an increase in the number of physicians in Manitoba, from 2,442 in 2010 to 2,502 in 2011 demonstrating continued improvement in the recruitment and retention of physicians.

7(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Out-of-Province	40,207	50,090	(9,883)	1
Blood Transfusion Services	59,738	59,738	-	
Federal Hospitals	2,065	2,579	(514)	2
Prosthetic and Orthotic Devices	13,723	14,780	(1,057)	
Healthy Communities Development	3,775	5,722	(1,947)	3
Nursing Recruitment and Retention Initiatives	3,619	3,730	(111)	
Total Sub-Appropriation	**123,127**	**136,639**	**(13,512)**	

Explanation Number:

1. Primarily due to lower volume of claims processed.

2. Primarily due to volume decreases and price changes..

3. Primarily due to delays in projects.

Medical

The objectives were:

- To provide insurance in respect of the costs of medical and other health services for the health and well-being of the residents of Manitoba.

The expected and actual results for 2011/12 included:

1. Claims will be processed and paid in accordance with *The Health Services Insurance Act* and in accordance with existing collective agreements for insured services rendered by medical practitioners, optometrists, chiropractors and dental surgeons.
    - 11.9 million claims for approximately 23.6 million services were processed and paid to medical practitioners, optometrists, chiropractors, registered nurses extended practice and dental surgeons.
    - 22.2 million physician services, 423,386 optometric services, 967,037 chiropractic services, 5,290 oral surgery services and 57,410 registered nurse extended practice services were paid.

7(c) Medical

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Physician Services	927,916	960,969	(33,053)	1
Other Professionals	23,606	21,546	2,060	2
Out of Province Physicians	27,465	26,846	619	
Other	17,938	21,862	(3,924)	3
Third Party Recoveries	(8,679)	(9,267)	588	
Reciprocal Recoveries	(15,439)	(14,103)	(1,336)	
Total Sub-Appropriation	**972,807**	**1,007,853**	**(35,046)**	

Explanation Number:

1. Primarily due to lower volumes.

2. Primarily due to volume increase.

3. Primarily due to a delay in program implementation.

Pharmacare

The objectives were:

- To fund prescribed pharmaceutical benefits subject to *The Prescription Drugs Cost Assistance Act* and Regulations and *The Pharmaceutical Act* and Regulations to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

The expected and actual results for 2011/12 included:

1. Payment for eligible pharmaceutical benefits for program beneficiaries.
    - The average Pharmacare benefit per family for 2011/12 increased $151.12 or 5.0% to $3,171.89 (unaudited) from $3,020.77 for 2010/11.
    - Deductible rates in 2011/12 ranged from a minimum of $100 or 2.73% to a maximum of 6.17% for incomes greater than $75,000. Total family income is reduced by $3,000 for a spouse and for each dependent less than 18 years of age, where applicable.

7(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures	249,223	245,800	3,423	1
Total Sub-Appropriation	**249,223**	**245,800**	**3,423**	

Explanation Number:

1. Primarily due to price increases.

Capital Funding

Capital Funding provides funding to health authorities for principal repayment on approved borrowing, equipment purchases and other capital expenditures.

The objectives were:

- To provide funding for capital projects, specialized and basic equipment purchases, and information technology initiatives approved by the department, in accordance with the Manitoba Health Capital Plan, for regional health authorities (RHAs), Diagnostic Services of Manitoba (DSM), CancerCare Manitoba (CCMB), and Manitoba eHealth (eHealth) through the provision of principal repayment on approved borrowings, outright capital payments, and outright equipment payments.

The expected and actual results for 2011/12 included:

1. Increase in principal repayments for approved borrowings in this fiscal year for the acquisition, construction and renovation of physical assets, specialized equipment and information technology to support the infrastructure of the health care system in accordance with the Manitoba Health Capital Plan as projects are completed.
   - The actual 2011-12 principal payments increase is $10,597,000 to provide for appropriate principal reduction on approved borrowings for the acquisition, construction, and renovation of physical assets, specialized equipment, and information technology to support the infrastructure of the health care system.

     2011-12 principal payments were expected to provide a net increase of $6,378,000 from 2010/11. The actual 2011-12 net increase is $7,425,000.

2. Decrease in principal repayments as the result of approved borrowings being fully repaid.
   - The expected and actual 2011-12 principal payments decrease was $3,172,000 as the result of approved borrowings for approved capital projects being fully repaid.

     2011/12 principal payments were expected to provide a net increase of $6,378,000 from 2010/11. The actual 2011/12 net increase is $7,425,000.

3. Payment for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB on a timely basis and in accordance with approved funding levels.
   - The expected outright payments in 2011/12 for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB were $21,056,000. Actual outright payments for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB are $21,605,000.

4. Payment of outright funding for approved capital projects to RHAs, DSM and CCMB in accordance with the Manitoba Health Capital Plan.
   - Total outright payments to RHAs, DSM and CCMB for 2011/12 for approved capital projects were expected to be $7,651,000. Actual outright payments to RHAs, DSM and CCMB for 2011/12 for approved capital projects are $10,701,000. Major project needs were greater than forecasted.

8(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	61,560	65,045	(3,485)	1
Long Term Care	14,489	14,200	289	
Community and Mental Health Services	3,536	3,938	(402)	
Total Sub-Appropriation	**79,585**	**83,183**	**(3,598)**	

Explanation Number:

1. Projects not completed as planned.

8(b) Equipment Purchases and Replacements

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	15,922	15,373	549	
Long Term Care	5,683	5,683	-	
Total Sub-Appropriation	**21,605**	**21,056**	**549**	

8(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	7,455	3,901	3,554	1
Long Term Care	3,246	3,750	(504)	
Total Sub-Appropriation	**10,701**	**7,651**	**3,050**	

Explanation Number:

1 Increase in capital project approvals.

Costs Related to Capital Assets

The objectives were:

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

The expected and actual results for 2011/12 included:

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
    1. Amortization of the costs of assets over the useful life of the asset occurred in accordance with pre-established timelines.

2. The payment of interest expense on capital investment borrowing.
    2. The interest expenses related to capital investment borrowing was paid in accordance with pre-established timelines.

9 Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2011/12 $(000's)	Estimate 2011/12 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Amortization Expense	3,562	3,927	(365)	
Interest Expense	847	1,374	(527)	
Total Sub-Appropriation	**4,409**	**5,301**	**(892)**	

Capital Investment

The objectives were:

- To ensure Health's Capital Investment Authority reflects the costs for priority health information technology capital initiatives.
- The acquisition of medical related equipment.

The expected and actual results for 2011/12 included:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
    - In 2011/12, Provincial Drug Programs began making upgrades to its payment system through the Dug Program Information Network Renewal project. The project is expected to be completed in 2013/14. This system is used to make payments to individuals and pharmacies.

2. Provision of technology solutions that address health priorities.
    - Investments are being made in Provincial Drug Programs payments system.

3. Upgraded medical equipment.
    - Manitoba Health acquired new medical equipment to replace obsolete equipment for Cadham Provincial Laboratory and Selkirk Mental Health Centre.

Financial Report Summary Information Part 1

Manitoba Health

Reconciliation Statement
April 1, 2011 – March 31, 2012

DETAILS	2011/12 ESTIMATES ($000s)
2011/12 Main Estimates:	4,919,508
Allocation of Funds from: Enabling Appropriations	96
2011/12 Estimates:	**4,919,604**

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2012

Estimate 2011/12 $(000s)		Appropriation	Actual (1) 2011/12 $(000s)	Actual (2) 2010/11 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-1	**Administration and Finance**				
37	21 1a	Minister's Salary	37	36	1	
	21-1b	Executive Support				
1,012		1 Salaries and Employee Benefits	1,146	1,155	(9)	
164		2 Other Expenditures	135	129	6	
	21-1c	Finance				
5,742		1 Salaries and Employee Benefits	5,730	5,691	39	
1,355		2 Other Expenditures	1,141	1,298	(157)	
	21-1d	Central Services				
970		1 Salaries and Employee Benefits	997	897	100	
209		2 Other Expenditures	208	179	29	
488		3 External Agencies	389	403	(14)	
9,977		**Total Appropriation 21-1**	**9,783**	**9,788**	**(5)**	
	21-2	**Provincial Programs and Services**				
	21-2a	Administration				
232		1 Salaries and Employee Benefits	245	224	21	
53		2 Other Expenditures	74	78	(4)	
	21-2b	Information Systems				
4,324		1 Salaries and Employee Benefits	4,103	4,165	(62)	
956		2 Other Expenditures	603	644	(41)	
5,181		3 Provincial Program Support Cost	5,211	4,828	383	
	21-2c	Provincial Drug Programs				
2,475		1 Salaries and Employee Benefits	2,030	2,115	(85)	
524		2 Other Expenditures	583	557	26	
	21-2d	Corporate Services				
1,252		1 Salaries and Employee Benefits	1,196	1,350	(154)	
742		2 Other Expenditures	680	632	48	
255		3 External Agencies	255	253	2	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2012

Estimate 2011/12 $(000s)		Appropriation	Actual (1) 2011/12 $(000s)	Actual (2) 2010/11 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-2e	Capital Planning				
874		1 Salaries and Employee Benefits	719	614	105	
207		2 Other Expenditures	166	165	1	
	21-2f	Drug Management Policy Unit				
708		1 Salaries and Employee Benefits	680	732	(52)	
178		2 Other Expenditures	1,181	1,128	53	
95		3 External Agencies	95	95	-	
	21-2g	Cadham Provincial Laboratory Services				
7,605		1 Salaries and Employee Benefits	8,018	7,671	347	
7,444		2 Other Expenditures	7,006	6,827	179	
	21-2h	Selkirk Mental Health Centre				
32,887		1 Salaries and Employee Benefits	35,753	33,825	1,928	
5,323		2 Other Expenditures	5,097	4,611	486	
	21-2i	Provincial Drug Programs Office				
316		1 Salaries and Employee Benefits	284	365	(81)	
61		2 Other Expenditures	75	103	(28)	
	21-2j	Manitoba Centre for Health Policy				
2,200		1 Other Expenditures	2,200	2,200	-	
73,892		**Total Appropriation 21-2**	**76,254**	**73,182**	**3,072**	
	21-3	**Health Workforce**				
	21-3a	Insured Benefits				
5,789		1 Salaries and Employee Benefits	5,280	5,409	(129)	
2,056		2 Other Expenditures	2,014	2,282	(268)	
	21-3b	Medical Labour Relations				
1,012		1 Salaries and Employee Benefits	1,010	963	47	
375		2 Other Expenditures	354	217	137	
1,137		3 External Agencies	794	645	149	
	21-3c	Workforce Policy and Planning				
651		1 Salaries and Employee Benefits	652	838	(186)	
100		2 Other Expenditures	98	157	(59)	
11,120		**Total Appropriation 21-3**	**10,202**	**10,511**	**(309)**	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2012

Estimate 2011/12 $(000s)		Appropriation	Actual (1) 2011/12 $(000s)	Actual (2) 2010/11 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-4	**Public Health and Primary Health Care**				
	21-4a	Administration				
341		1 Salaries and Employee Benefits	376	397	(21)	
294		2 Other Expenditures	282	376	(94)	
2,991		3 Program Delivery	1,677	468	1,209	1
	21-4b	Public Health Policy				
8,423		1 Salaries and Employee Benefits	7,915	8,114	(199)	
5,408		2 Other Expenditures	4,185	4,267	(82)	
15,343		3 Vaccines	16,624	14,423	2,201	2
12		4 External Agencies	-	-	-	
	21-4c	Public Health Planning				
1,047		1 Salaries and Employee Benefits	870	850	20	
99		2 Other Expenditures	193	105	88	
	21-4d	Aboriginal Health and Northern Health Office				
3,298		1 Salaries and Employee Benefits	2,665	2,440	225	
2,601		2 Other Expenditures	3,603	3,439	164	
	21-4e	Health System Innovation				
895		1 Salaries and Employee Benefits	1,190	1,468	(278)	
1,143		2 Other Expenditures	901	1,133	(232)	
279		3 External Agencies	279	278	1	
42,174		**Total Appropriation 21-4**	**40,760**	**37,758**	**3,002**	

Explanation Number:

1. *Primarily due to increase in payments for Supportive Housing and Permanent Housing with Supports Programs*
2. *Primarily due to increase in vaccine expenditures*

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2012

Estimate 2011/12 $(000s)		Appropriation	Actual (1) 2011/12 $(000s)	Actual (2) 2010/11 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-5	**Regional Programs and Services**				
	21-5a	Administration				
302		1 Salaries and Employee Benefits	285	301	(16)	
57		2 Other Expenditures	79	75	4	
	21-5b	Emergency Preparedness and Response				
1,223		1 Salaries and Employee Benefits	1,419	1,352	67	
5,342		2 Other Expenditures	10,248	4,899	5,349	1
23		3 External Agencies	16	14	2	
	21-5c	Disaster Management				
403		1 Salaries and Employee Benefits	503	527	(24)	
545		2 Other Expenditures	924	129	795	2
	21-5d	Health System Monitoring				
1,161		1 Salaries and Employee Benefits	1,225	1,342	(117)	
352		2 Other Expenditures	348	409	(61)	
729		3 External Agencies	728	724	4	
	21-5e	Health System Support				
1,301		1 Salaries and Employee Benefits	1,253	1,186	67	
243		2 Other Expenditures	183	201	(18)	
	21-5f	Chief Provincial Psychiatrist				
440		1 Salaries and Employee Benefits	461	465	(4)	
60		2 Other Expenditures	51	44	7	
	21-5g	Health System Development				
799		1 Salaries and Employee Benefits	725	744	(19)	
167		2 Other Expenditures	119	121	(2)	
13,147		**Total Appropriation 21-5**	**18,567**	**12,533**	**6,034**	

Explanation Number:

1. *Primarily due to the extension of the Shock Trauma Air Rescue Society (STARs) Program*
2. *Primarily due to flood related costs*

	21-6	**Office of the Chief Provincial Pulic Health Officer**				
	21-6a	Administration				
1,039		1 Salaries and Employee Benefits	1,061	569	492	
147		2 Other Expenditures	122	149	(27)	
1,186		**Total Appropriation 21-6**	**1,183**	**718**	**465**	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2012

Estimate 2011/12 $(000s)		Appropriation	Actual (1) 2011/12 $(000s)	Actual (2) 2010/11 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-7	**Health Services Insurance Fund**				
	21-7a	Funding to Health Authorities				
2,193,486		Acute Care Services	2,154,121	2,071,549	82,572	1
577,635		Long Term Care Services	545,636	534,969	10,667	2
280,928		Home Care Services	311,515	294,976	16,539	2
223,709		Community and Mental Health Services	225,791	212,953	12,838	2
66,215		Emergency Response and Transport Services	63,380	64,341	(961)	
(16,076)		Third Party Recoveries	(15,046)	(14,469)	(577)	
(63,272)		Reciprocal Recoveries	(55,915)	(56,953)	1,038	
(2,000)		Recoverable from Urban Development Initiative	(2,000)	(2,000)	-	
	21-7b	Provincial Health Services				
50,090		Out of Province	40,207	46,131	(5,924)	3
59,738		Blood Transfusion Services	59,738	56,763	2,975	4
2,579		Federal Hospitals	2,065	2,045	20	
14,780		Prosthetic and Orthotic Devices	13,723	13,478	245	
5,722		Healthy Communities Development	3,775	7,305	(3,530)	5
3,730		Nursing Recruitment and Retention Initiatives	3,619	1,953	1,666	4
	21-7c	Medical				
960,969		Physician Services	927,916	920,890	7,026	4
21,546		Other Professionals	23,606	21,868	1,738	4
26,846		Out of Province Physicians	27,465	26,074	1,391	4
21,862		Other	17,938	17,683	255	
(9,267)		Third Party Recoveries	(8,679)	(8,330)	(349)	
(14,103)		Reciprocal Recoveries	(15,439)	(15,070)	(369)	
	21-7d	Pharmacare				
245,800		Other Expenditures	249,223	240,384	8,839	4
4,650,917		**Total Appropriation 21-7**	**4,572,639**	**4,436,540**	**136,099**	

Explanation Number:

1. *Primarily due to increases in base line funding to the RHAs, wage increases per approved mandates, and other price and volume increases.*
2. *Primarily due to increases in base line funding to the RHAs.*
3. *Primarily due to volume decreases.*
4. *Primarily due to price and volume increases.*
5. *Primarily due to projects ending March 31, 2011*

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2012

Estimate 2011/12 $(000s)		Appropriation	Actual (1) 2011/12 $(000s)	Actual (2) 2010/11 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-8	**Capital Funding**				
	21-8a	Principal Repayments				
65,045		1 Acute Care	61,560	55,122	6,438	1
14,200		2 Long Term Care	14,489	13,933	556	
3,938		3 Community and Mental Health Services	3,536	3,105	431	
	21-8b	Equipment Purchases and Replacements				
15,373		1 Acute Care	15,922	6,608	9,314	2
5,683		2 Long Term Care	5,683	2,552	3,131	
	21-8c	Other Capital				
3,901		1 Acute Care	7,455	4,770	2,685	
3,750		2 Long Term Care	3,246	935	2,311	
111,890		**Total Appropriation 21-8**	**111,891**	**87,025**	**24,866**	

Explanation Number:

1. Primarily due to increases in debt servicing.
2. Primarily due to increase in basic equipment funding.
3. Primarily due to increase in outright payments for capital.

Estimate 2011/12 $(000s)		Appropriation	Actual (1) 2011/12 $(000s)	Actual (2) 2010/11 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-9	**Costs Related to Capital Assets**				
3,927	21-9a	Amortization Expense	3,562	4,026	(464)	
1,374	21-9b	Interest Expense	847	771	76	
5,301		**Total Appropriation 21-9**	**4,409**	**4,797**	**(388)**	
4,919,604		**Total Appropriation 21**	**4,845,688**	**4,672,852**	**172,836**	

Footnotes:

(1) Actuals for 2011/12 are based on year-end expenditure analysis report dated June 4, 2012.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2012.

Manitoba Health
Revenue Summary by Source
for fiscal year ended March 31, 2012

Actual (1) 2011/12 $(000s)	Actual (2) 2010/11 $(000s)	Increase (Decrease) $(000s)	Expl. No.	Source	Actual (1) 2011/12 $(000s)	Estimate 2011/12 $(000s)	Variance $(000s)	Expl. No.
				1. Government of Canada:				
-	2,748	(2,748)	**1**	a) Aboriginal Health Transition Fund	-	-	-	
9,066	9,052	14		b) Patient Wait Times Guarantee	9,066	9,000	66	
9,066	**11,800**	**(2,734)**		**Sub-Total Health Funds**	**9,066**	**9,000**	**66**	
2,316	2,316	-		c) Labour Market Agreements for Persons with Disabilities	2,316	2,316	-	
2,316	**2,316**	-		**Sub-Total Other Agreements**	**2,316**	**2,316**	-	
				2. Other Revenue:				
4,953	5,203	(250)	**2**	a) Sundry	4,953	5,571	(618)	**2**
16,335	**19,319**	**(2,984)**		**Total Revenue**	**16,335**	**16,887**	**(552)**	

Explanation Number:
1. Project completed in 2010/11
2. Primarily due to volume decrease in revenues for Residential Charges at SMHC and Other in 2011/12

Footnotes:

(1) Actuals for 2011/12 are based on year-end expenditure analysis report dated June 4, 2012

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2012

Manitoba Health
Five Year Expenditure and Staffing Summary by Appropriation
for years ending March 31, 2008 to March 31, 2012

Appropriation	2007/08 [2]		2008/09 [2]		2009/10 [2]		2010/11 [2]		2011/12 [1]	
	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)
21-1 Administration and Finance	116.00	8,909	117.50	9,110	118.00	9,640	113.00	9,788	113.00	9,783
21-2 Provincial Programs and Services	648.78	58,378	707.98	64,855	715.98	70,967	712.98	73,182	730.98	76,254
21-3 Health Workforce	136.29	11,162	136.29	11,680	135.29	11,195	135.29	10,511	135.29	10,202
21-4 Public Health and Primary Health Care	123.78	39,661	139.28	37,064	138.28	37,389	146.28	37,758	146.28	40,760
21-5 Regional Programs and Services	65.25	4,827	68.25	6,010	68.75	13,252	69.75	12,533	69.75	18,567
21-6 Office of the Chief Provincial Public Health Officer	5.00	555	5.00	1,106	6.00	881	6.00	718	6.00	1,183
21-7 Health Services Insurance Fund		3,678,461		3,992,284		4,232,882		4,436,540		4,572,639
21-8 Capital Funding		93,055		102,373		85,870		87,025		111,891
21-9 Costs Related to Capital Assets		3,970		4,148		4,623		4,797		4,409
Total Departmental Expenditures	1,095.10	3,898,978	1,174.30	4,228,630	1,182.30	4,466,699	1,183.30	4,672,852	1,201.30	4,845,688

Footnotes:

(1) *Actuals for 2011/12 are based on year-end expenditure analysis report dated June 4, 2012.*

(2) *Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2012.*

Manitoba Health Services Insurance Plan
Five-Year Expenditure Summary

for years ending March 31, 2008 - March 31, 2012 (1)

Program	2007/08 $(000s)	2008/09 $(000s)	2009/10 $(000s)	2010/11 $(000s)	2011/12 $(000s)
Health Authorities and Facilities (2)	2,682,199	2,913,132	3,075,554	3,191,114	3,339,373
Medical (3)	758,849	825,861	885,943	963,115	972,807
Provincial Programs (4)	105,770	126,035	120,997	128,971	123,127
Pharmacare	224,924	229,257	234,741	240,384	249,223
Total	**3,771,742**	**4,094,285**	**4,317,235**	**4,523,584**	**4,684,530**

Footnotes:

(1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2012.

(2) Includes Funding to Health Authorities and Capital Funding.

(3) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.

(4) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.

Financial Report Summary Information

Part 2

Manitoba Health Services Insurance Plan
Summary of Estimates
April 1, 2011 – March 31, 2012

DETAILS	2011/12 ESTIMATES ($000s)
2011/12 Main Estimates:	
Funding to Health Authorities	3,260,625
Provincial Health Services	136,639
Medical	1,007,853
Pharmacare	245,800
Capital Grants	111,890
2011/12 Estimates:	**4,762,807**

For the year ended March 31, 2012, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund estimates and enabling appropriations totalled $4,762,807 for planned expenses.

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the accompanying financial statements of the Manitoba Health Services Insurance Plan, which comprise the statement of financial position as at March 31, 2012, March 31, 2011 and April 1, 2010 and the statements of operations and accumulated surplus and net debt and cash flow for the years ended March 31, 2012 and March 31, 2011, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Manitoba Health Services Insurance Plan as at March 31, 2012, March 31, 2011 and April 1, 2010 and the results of its operations and its cash flow for the years ended March 31, 2012 and March 31, 2011 in accordance with Canadian public sector accounting standards.

Basis of Presentation

Without modifying our opinion, we draw attention to Note 3 to the financial statements, which describes that the Manitoba Health Services Insurance Plan adopted Canadian public sector accounting standards on April 1, 2011 with a transition date of April 1, 2010. These standards were applied retroactively by management to the comparative information in these financial statements.

Office of the Auditor General

Office of the Auditor General
August 23, 2012
Winnipeg, Manitoba

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

MANAGEMENT REPORT

Management of Manitoba Health is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2012 have been prepared in accordance with Public Sector Accounting Standards.

Manitoba Health maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

original signed by
Milton Sussman
Deputy Minister of Health

original signed by
Karen Herd, CA
Associate Deputy Minister and
Chief Financial Officer

Winnipeg, Manitoba
August 23, 2012

MANITOBA HEALTH SERVICES INSURANCE PLAN

Statement of Financial Position

As At March 31, 2012

(in thousands of dollars)

	2012	2011	As At April 1, 2010
Financial Assets			
Cash	$ **55,710**	$ 29,479	$ 14,660
Funds on deposit with the Province of Manitoba	**337,800**	408,336	262,501
Due from:			
Province of Manitoba	-	-	63,904
Province of Manitoba - vacation pay (Note 4)	**121,663**	121,663	121,663
Province of Manitoba - post employment benefits (Note 4)	**128,177**	128,177	128,177
Other Provinces and Territories	**31,785**	24,721	29,351
Other	**16,981**	56,397	45,540
	692,116	768,773	665,796
Liabilities			
Accounts Payable and Accrued Liabilities (Note 5)	**384,037**	496,978	414,739
Due to:			
Province of Manitoba	**58,239**	21,955	1,217
Province of Manitoba - vacation pay (Note 4)	**121,663**	121,663	121,663
Province of Manitoba - post employment benefits (Note 4)	**128,177**	128,177	128,177
	692,116	768,773	665,796
Accumulated Surplus and Net Debt	$ -	$ -	$ -

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

MANITOBA HEALTH SERVICES INSURANCE PLAN

Statement of Operations and Accumulated Surplus and Net Debt
For the Year Ended March 31, 2012
(in thousands of dollars)

	Budget 2012	Actual 2012	Actual 2011
Revenue			
Province of Manitoba - Grants (Note 7)	$ 4,762,807	$ 4,550,889	$4,402,906
Inter-provincial reciprocal recoveries - Hospital	63,272	55,915	56,953
Inter-provincial reciprocal recoveries - Medical	14,103	15,439	15,070
Third party recoveries	25,343	23,707	22,669
Miscellaneous	2,000	2,018	2,130
	4,867,525	4,647,968	4,499,728
Expenses			
Health Authorities and Facilities (Note 6)	3,453,863	3,278,694	3,143,858
Medical (Notes 6,9)	1,031,223	996,924	986,515
Provincial programs	136,639	123,127	128,971
Pharmacare	245,800	249,223	240,384
	4,867,525	4,647,968	4,499,728
Annual Surplus and Net Debt	-	-	-
Accumulated Surplus and Net Debt, Beginning of Year	-	-	-
Accumulated Surplus and Net Debt, End of Year	$ -	$ -	$ -

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Statement of Cash Flow
For the Year Ended March 31, 2012
(in thousands of dollars)

	2012	2011
Operating Activities		
Annual Surplus (Deficit)	$ -	$ -
Changes in Working Capital:		
Due from:		
Province of Manitoba	-	63,904
Other Provinces and Territories	(7,064)	4,630
Other	39,416	(10,857)
Accounts Payable and Accrued Liabilities (Note 5)	(112,941)	82,239
Due to:		
Province of Manitoba	36,284	20,738
	(44,305)	160,654
Financing Activities		
Funds advanced from the Province of Manitoba	-	-
Increase in Cash and Funds on Deposit	(44,305)	160,654
Cash and Funds on Deposit with the Province, Beginning of year	437,815	277,161
Cash and Funds on Deposit with the Province, End of year	$ 393,510	$ 437,815
Consists of:		
Cash	55,710	29,479
Funds on Deposit with Province of Manitoba	337,800	408,336
	393,510	437,815

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Manitoba Health Services Insurance Plan
Notes to the Financial Statements
For the Year ending March 31, 2012
(amounts in thousands of dollars)

1. Nature of Operations

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of *The Health Services Insurance Act*. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

2. Significant Accounting Policies

a. General

These financial statements have been prepared in accordance with Public Sector Accounting Standards.

b. Revenue Recognition

Grants from the Province of Manitoba are recognized as funds are drawn from Provincial Appropriations.

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Revenue related to reciprocal recoveries is recognized in the period that the services are provided.

Manitoba Health recovers amounts for hospital and medical services provided to individuals that are covered under other insurance plans, primarily Manitoba Public Insurance. Revenue related to third party recoveries is recognized in the period that the services are provided.

All revenues are recognized on a gross basis.

c. Expenses

Expenses are recognized at a gross amount on an accrual basis.

d. Liabilities

Liabilities are recognized in the financial statements when there is an appropriate basis of measurement and a reasonable estimate can be made of the amount involved.

e. Net Debt

Net Debt is equivalent to accumulated surplus as there are no non-financial assets. Financial assets are valued at cost.

f. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

g. Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

3. First Time Adoption of Public Sector Accounting Standards

The Plan adopted Public Sector Accounting Standards on April 1, 2011, with a transition date of April 1, 2010. These new standards were adopted retroactively. There were no changes to the accumulated surplus/deficit at the date transition to Public Sector Accounting Standards resulting from the adoption of these standards.

4. Employee Benefits

The Plan revised, in 2005, its funding arrangements related to vacation pay and post employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post employment benefits are earned by employees subsequent to March 31, 2004.

The amount recorded as due from the Province – vacation pay was initially based on the estimated value of the corresponding liability as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to the Plan, an amount equal to the current year's expense for vacation pay entitlements.

The amount recorded as due from the Province – post employment benefits is the value of the corresponding actuarial liability for post employment costs as at March 31, 2004. There has been no change to the value subsequent to March 31, 2004 because the Province has provided, in its ongoing annual funding to the Plan, an amount equivalent to the change in the post employment liability including annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related post employment liabilities.

5. Accounts Payable and Accrued Liabilities

	2012	2011
Health Authorities and Facilities	**$241,631**	$333,252
Medical Service Claims	**114,982**	132,900
Pharmacare Claims	**13,103**	12,087
General	**14,321**	18,739
	$384,037	$496,978

6. Regional Health Authorities

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expense categories of Health Authorities and Facilities and Medical.

Regional Health Authority	**2012**			**2011**
	Facilities	**Medical**	**Total**	**Total**
Winnipeg	**$2,156,730**	**$201,595**	**$2,358,325**	$2,195,465
Brandon	**180,982**	**12,233**	**193,215**	178,479
North Eastman	**49,661**	**2,874**	**52,535**	48,862
South Eastman	**84,212**	**6,834**	**91,046**	83,997
Interlake	**117,638**	**8,749**	**126,387**	111,777
Central	**179,713**	**17,903**	**197,616**	190,853
Assiniboine	**146,321**	**15,687**	**162,008**	153,452
Parkland	**124,890**	**5,796**	**130,686**	120,405
NOR-MAN	**95,570**	**13,019**	**108,589**	86,018
Burntwood	**79,072**	**16,879**	**95,951**	84,999
Churchill	**12,055**	**-**	**12,055**	11,384
CancerCare	**96,289**	**14,569**	**110,858**	100,974
Total Payments	**$3,323,133**	**$316,138**	**$3,639,271**	$3,366,665

The expense category, Health Authorities and Facilities, in the Statement of Operations and Accumulated Surplus and Net Debt is comprised of the following:

	2012	2011
Health Authorities payments	**$3,323,133**	$3,092,535
Accruals and payments to facilities and third parties	**(44,439)**	51,323
Total Expenses	**$3,278,694**	$3,143,858

The expense category, Medical, in the Statement of Operations and Accumulated Surplus and Net Debt is comprised of the following:

	2012	2011
Fee for Services Medical payments and accruals	**$658,648**	$692,040
Health Authorities payments	**316,138**	274,130
Optometric	**11,520**	9,849
Chiropractic	**10,618**	10,496
Total Expenses	**$996,924**	$986,515

7. Economic Dependence

The Plan is economically dependent on the Province of Manitoba for its funding.

8. Related Party Transactions

In addition to those related transactions disclosed elsewhere in these financial statements, the Plan is related in terms of common ownership to all Province of Manitoba created departments, agencies and Crown corporations. The Plan enters into transactions with these entities in the normal course of business. These transactions are recorded at the exchange amount.

9. *The Public Sector Compensation Disclosure Act*

The Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act* is included as part of the Annual Report of Manitoba Health.

10. Comparative Figures

Certain of the prior year's figures have been reclassified to conform to the current year's presentation.

11. Subsequent Events

As part of the 2012 Provincial Budget, there was an announcement on the Amalgamation of the Regional Health Authorities (RHAs) from eleven to five RHAs. An estimate of the financial impact and finalization of the structure of this amalgamation are unknown at this time.

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To The Legislative Assembly of Manitoba
To the Minister of Health

We have audited the accompanying Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2012 ("the Schedule"). The Schedule has been prepared by management based on Section 2 and 5 of The Public Sector Compensation Disclosure Act.

Management's Responsibility for the Schedule

Management is responsible for the preparation of the Schedule in accordance with Section 2 and 5 of The Public Sector Compensation Disclosure Act and for such internal control as management determines is necessary to enable the preparation of the Schedule that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the Schedule based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Schedule is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Schedule. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Schedule, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the Schedule in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, made by management, as well as evaluating the overall presentation of the Schedule.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial information in the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2012 is prepared, in all material respects, in accordance with Section 2 and 5 of The Public Sector Compensation Disclosure Act.

Basis of Accounting

Without modifying our opinion, we draw attention to the Basis of Accounting note to the Schedule, which describes the basis of accounting. The Schedule is prepared to assist the entity to meet the requirements of Section 2 and 5 of The Public Sector Compensation Disclosure Act. As a result, the Schedule may not be suitable for another purpose.

Office of the Auditor General

Office of the Auditor General
July 27, 2012
Winnipeg, Manitoba

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2012

Basis of Accounting

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act."

The Act requires the publication of the name of every person who receives $50,000 or more in the fiscal year for providing services to insured persons under "The Health Services Insurance Act," and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only. The payments reported do not include payments that a physician may receive from alternate sources such as salary and contract payments, sessional payments, on-call stipends etc.

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- *These data provide only a record of gross payments made by Manitoba Health to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abbott B B	$178,663
Abbu G P	$137,735
Abdalla S E E	$225,077
Abdulrehman A S	$347,819
Abell W R	$108,152
Abidullah M[1]	$1,215,852
Abujazia A	$153,264
Adam C J E	$146,583
Adam-Sdrolias H L	$181,753
Adams D W	$97,981
Adduri V R	$296,139
Afifi T J	$934,797
Agha Khani Y	$161,866
Ahluwalia R S	$480,122
Ahmad E	$561,643
Ahmad S N	$248,321
Ahmed N	$156,370
Ahmed S	$165,239
Ahweng A	$234,522
Ahweng A G	$118,701
Aiken A	$136,073
Ainley A	$83,897
Ainslie M D	$247,746
Akena C	$157,223
Akinbiyi O A	$85,627
Akintola O	$619,459
Akra M A	$74,931
Al Essawi T	$438,360
Al Farsi A R	$102,003
Al Gurashi F	$412,802
Al Hayek A	$92,924
Al-Kaabi A	$158,149
Al-Somali F M	$90,977
Albak R E	$319,177
Alevizos I	$69,058
Ali A M	$112,187
Ali A	$153,590
Ali M B	$435,433
Ali M A E	$97,656
Ali T K	$243,318
Ali Nejad S	$179,905
Aljafari A	$365,076
Allan D R[3]	$556,014
Almalky A	$596,078
Almoustadi W A	$183,389
Altman A	$320,730
Altman G N	$290,847
Alto L E	$627,359
Amadeo R J J	$308,722
Ambrose D J	$262,158
Amede K H	$374,803
Anastasiades L	$117,903
Anderson A	$130,482
Anderson B R	$275,379
Anderson B	$179,505
Anderson D M	$181,114
Anderson E	$112,829
Anderson M	$152,566
Anderson R A	$298,519
Andrew C	$505,309
Anhalt Hicks C D	$748,964
Anozie C B	$425,874
Ansar R	$317,975
Antonissen L A S	$148,257
Anttila L K	$345,288
Anyadike I O	$316,025
Aoki F Y	$262,347
Appendino J P	$112,472
Aragola S	$501,326
Araneda M C	$110,744
Arara M	$54,443
Armas Enriquez A T	$144,118
Armstrong B	$382,221
Armstrong S[3]	$975,638
Arneja A S	$291,760
Arneja J	$410,445
Arnott P C	$377,855
Arrezaghi M	$134,368
Ashcroft R P	$226,068
Ashique A	$109,274
Ashton M	$55,406
Askarifar R	$273,164
Assaad H M A	$205,695
Asskar R	$684,660
Assuras G N	$430,434
Atalla N G	$181,852
Atkinson R	$262,440
Atwal J	$266,830
Avery L	$54,840
Avila Flores F	$509,810
Awad A	$160,856
Awad J	$360,637
Awadalla A	$784,126

Azer N	$464,411
Aziz A N N	$454,536
Azzam H M	$65,723
Azzam L	$138,711
Babick T R	$576,341
Bacily M A	$403,940
Badenhorst F	$270,485
Bagry H	$349,412
Bahrami T	$472,349
Baidwan S K	$154,327
Baillie C	$514,364
Baker C	$377,023
Balachandra B	$273,816
Balageorge D	$430,991
Balcha B	$95,814
Balhaj A	$141,193
Balko G	$303,249
Ball F	$274,023
Ballen J L	$298,468
Bani A	$57,623
Banmann D S	$269,202
Barac I	$226,804
Barac S	$169,145
Barber L	$284,700
Barc J	$305,285
Bard R J	$272,204
Baria K	$313,593
Barker M F	$515,614
Barkman J M	$198,204
Barnes J G	$283,221
Barnes W R	$104,881
Baron C M	$280,976
Baron K	$370,463
Barron L W	$399,542
Barteaux B	$137,397
Bartlett L C	$191,074
Bashir B	$287,757
Basson A	$215,794
Basson H J	$345,273
Battad A B	$160,388
Bay T	$171,517
Baydock B	$104,164
Bayer C	$52,291
Beaudette R M	$113,592
Beaumont I D	$77,658
Becker A	$208,704
Beckstead J E	$111,196
Bedder P	$322,799
Bedi B	$71,123
Beldavs R A	$1,134,679
Bell D D	$99,695
Bellan L	$570,274
Bellas J	$238,100
Bellisario T	$151,347
Benade E	$284,934
Benning H S	$913,617
Benoit A	$326,637
Benshaban L	$255,740
Bereznay O	$359,894
Bergen J	$249,283
Bergman A D	$258,871
Bergman E	$175,071
Bermack B A	$338,926
Bernier M	$696,699
Bernstein C N	$456,226
Bernstein K	$302,465
Beshara E I A	$411,498
Beshay N M S	$205,841
Beshay S	$128,363
Best R L	$426,197
Bhanot P	$230,245
Bhayana R K	$302,678
Bhayana R	$281,384
Bhayana V	$72,379
Biala B	$363,734
Bialy P C	$353,908
Bibi M	$79,017
Billinkoff E N	$312,609
Bilos R J	$213,448
Birk P	$92,167
Birt D	$404,759
Bishay F S	$262,855
Bishay W	$278,829
Bisson J	$60,383
Bissonnette A	$370,659
Black D R	$159,201
Black G B	$183,484
Blakley B W	$157,616
Blouw R H	$325,595
Blydt-Hansen T D	$69,952
Blyth S	$324,540
Bock G	$416,102
Boguski G	$100,371
Bohm C J	$260,820
Bohm E R	$337,726
Bohn J A	$174,165
Bolton D R	$365,200
Bolton J M S	$145,266
Boman J	$235,883
Book B H	$76,437
Bookatz B J	$288,142
Booth F	$96,860
Booth S A	$260,073
Booy H	$399,335
Borkowsky K	$87,124
Borley J	$91,674
Boroditsky M L	$469,899
Boroditsky R S	$176,613
Borrett G F	$326,837
Borys A E	$409,437
Botha A	$159,239
Botha D	$293,400
Boult I F[2]	$682,034
Bourassa B	$77,044
Bourdon N	$78,242
Bourque C N	$379,915
Boustcha E	$278,994
Bovell F M	$279,560
Bovino M	$53,614
Bow E	$67,172
Bowman M N	$183,483
Boyd A J	$321,426
Bracken J	$181,629
Bracken J H	$433,144
Bradley B D	$125,107
Bradshaw C D	$259,308
Brandes L J	$157,217
Brar A	$141,314
Braun E	$250,635
Brassard P	$216,000
Braun J	$158,441
Braun K Y	$159,417
Breckman D K	$354,572
Breckman G L	$199,750
Breneman C	$53,974
Bretecher G	$421,260
Brett M J	$223,961
Broda R J	$184,733
Brodovsky S C	$736,840
Brooker G[2]	$335,900
Brown H J	$74,144
Brown R	$303,127
Brownell L	$212,341
Bruce K	$78,668
Bruneau M R	$259,490
Brunt M	$71,817
Bshouty Z	$158,223
Buchel E W	$1,130,843
Buchik G M	$144,344
Budolowski B A	$58,509
Bueddefeld H D	$343,166
Buenafe J	$454,564
Bueti G	$825,257
Buffie J	$100,078
Buffie T	$101,914
Buffo Sequeira I	$85,270
Bullard J	$76,555
Bullen S A	$130,304
Bullock Pries K R	$144,010
Burke M E	$148,078
Burnell C D C	$612,208
Burnet N	$348,804
Burnett C J	$233,334
Burnett M	$221,713
Burnett Mairi	$264,820
Burtch D	$59,070
Burym C J	$535,198
Butler J B	$268,842
Butler N	$440,444
Calderon-Grande H E	$264,156
Calhoun L L	$165,983
Cameron M R	$338,119
Campbell B	$215,122
Campbell G	$329,547
Campbell N	$141,396
Canadas L A	$199,138
Caners D	$617,880
Caners T	$123,251
Cannon J E	$265,133
Cantor M J	$436,891
Caplan A H	$264,364
Caplan D C	$242,440
Cappellani R B	$265,254
Carpenter N	$449,568
Carson J B	$87,486
Cartagena R A	$469,107

Carter R	$175,292
Casey A R	$247,802
Caswell B	$140,799
Caswill M	$211,249
Cattani L	$95,432
Cavallo D	$430,979
Cavers K J	$224,347
Chakraborty A R	$265,926
Chale K	$60,082
Chan E L	$301,562
Chan J	$66,825
Chan J J	$184,839
Chan L H	$329,669
Chan T	$125,613
Chandran G J	$72,911
Chapman L	$356,339
Charbonneau E J F	$78,957
Chatel N L	$253,936
Chau J K M	$237,369
Chenier D	$71,874
Chenier P	$63,602
Cherian R	$108,737
Cheung L K	$91,775
Chin D	$1,163,258
Chittal D M	$139,393
Cho P A	$658,819
Chochinov P H	$273,574
Chodirker B N	$197,769
Chopra A	$364,262
Choptiany R B W	$206,367
Choptiany T I	$554,090
Chow C	$354,846
Chow Candace	$53,333
Chow M	$58,462
Chowdhury A D	$204,538
Christodoulou C C	$443,109
Chubaty R A	$254,139
Chudley A E	$102,977
Chung L	$334,835
Ciecierski D	$226,156
Cisneros N	$506,736
Clark I H	$212,489
Clark M A	$218,267
Clark S G	$267,485
Clark S M	$137,488
Clark T A	$272,485
Clayden G	$479,550
Cleghorn S	$700,597
Coates K R	$516,452
Cochrane D	$103,222
Cohen B A	$641,881
Cohen M A	$73,067
Cohen-Postl S	$61,546
Collin M B	$168,230
Collison L M	$301,076
Collison S	$115,174
Collister C W	$166,963
Connelly P	$87,217
Connor D	$741,291
Connor D H	$88,025
Consunji-Aranet R	$132,832
Convery K	$329,967

Coodin M G	$287,070
Coodin S Z	$77,555
Cooke A L	$210,832
Coombs J	$290,890
Corbett C	$468,822
Corbett R P	$74,525
Cordova J L	$232,968
Cordova Perez F	$162,271
Corne S I	$522,913
Cossoy M	$118,919
Cowan D J	$368,064
Cowden E	$232,789
Cram D H	$604,214
Craton N	$124,033
Crawford D	$232,644
Cristante L	$1,045,972
Crockett M	$76,679
Crosby J A	$548,071
Cross R	$371,976
Crust L J	$83,098
Csupak E M	$225,753
Cumming G	$71,029
Cummings M L	$307,739
Cuvelier G	$85,146
Czaplinski J E	$136,055
Czaplinski K	$289,197
Czarnecka M M	$240,472
Czarnecki W	$408,231
Czaykowski P M	$178,924
Da Silva H	$78,082
Da Silva L M	$360,353
Dabrowski P T	$223,921
Daeninck P J	$112,859
Dakshinamurti S S	$273,148
Dalling G N	$243,061
Dandekar A S	$436,081
Dang T H	$243,275
Daniels V	$193,318
Dao V V B	$121,565
Daoud H M A	$166,624
Darczewski I	$340,790
Dart A B	$98,665
Dascal M A	$251,463
Dashefsky S M	$482,190
David M F	$410,143
Davidson J M[2]	$3,993,895
Davis M H	$226,026
Davis M O	$399,275
Davloor R	$265,348
Day M	$78,679
Daya J J	$366,234
Daymont C B	$82,721
De Klerk R R	$93,516
De Korompay V	$379,575
De Moissac P C	$368,577
De Muelenaere P	$1,210,255
De Rocquigny A J	$621,457
De Wit S L	$608,626
Dean E C	$583,264
Dean H	$74,072
Debnath P K	$161,506
Debrouwere R G	$194,015

Decock C	$86,463
Decter D	$511,315
Delaive M	$200,044
Demsas H	$332,532
Deonarine L	$505,677
Deong P J	$332,682
Derzko L	$60,628
Desmarais G P	$136,081
Desmond G H	$397,314
Deutscher R	$337,458
Dhalla S S	$1,528,118
Dhanjal P	$218,607
Dharamsi N	$104,549
Dhindsa N	$161,382
Diamond H D	$355,394
Dias E M	$83,957
Dickson T	$117,359
Dillon J D	$406,443
Dillon L G	$81,564
Dillon T	$71,643
Diocee R	$66,671
Dionne C	$405,691
Dissanayake D	$267,312
Dixon N L	$55,351
Dizon A M	$120,711
Doak G J	$295,917
Doan Q	$223,643
Docking L M	$104,032
Doermer E	$430,733
Doerr J J	$317,962
Dolynchuk K N	$228,235
Dominique F	$216,484
Domke H	$353,325
Domke S	$320,139
Dookeran R	$1,201,979
Dornn B	$148,402
Dowhanik M A	$107,283
Dowhanik P B J	$107,259
Downs A C	$381,007
Doyle J	$133,997
Drachenberg D E	$673,243
Drain B	$153,843
Dressler G R	$88,651
Drew E	$75,979
Drew-Scott R	$282,622
Drexler J	$571,055
Dreyer C	$82,426
Drobot G R	$217,421
Du Plooy J	$311,099
Du Toit L L	$77,518
Dubberley J	$305,094
Dubyna D	$543,764
Ducas D A	$142,909
Ducas J	$630,392
Ducheck D L	$75,123
Dueck D	$371,292
Duerksen C	$507,722
Duerksen D R	$477,595
Duerksen K	$79,101
Duerksen M T	$315,150
Duff B D	$140,663
Duffy G	$220,713

Duke P C	$96,452
Dumatol-Sanchez J	$446,734
Dumont R	$57,607
Duncan S J	$431,185
Dunford D A	$130,942
Dupont J O [4]	$802,165
Duval R	$194,931
Dyck G H	$481,119
Dyck M P	$241,352
Dzikowski D R	$245,960
Eaglesham H [2]	$1,277,866
Earl K D G	$208,281
Ebbeling-Treon L	$293,217
Edward G	$309,175
Egan M M	$203,704
Egey-Samu Z	$107,844
Eggertson D	$318,073
Eghtedari-Namin F	$218,671
Ehsaei F	$58,201
Ekins M B	$224,554
El Gwaidy N A	$210,882
El-Gabalawy H S	$99,167
El-Matary W M M	$51,286
Elahiyoun K	$58,014
Elbardisy N	$482,260
Eleff M K	$144,841
Elgazzar R F	$102,015
Elias K	$395,315
Elkams S N B	$231,989
Elkhemri A M	$358,636
Elkin J	$280,827
Elkin M S	$334,539
Elkurbo M A	$134,167
Elliott J	$199,295
Elves E	$768,355
Embil J M A	$982,663
Embree J E	$61,212
Emery C	$297,188
Eng S	$396,294
Engel C	$480,480
Engel J S	$682,517
Engel M	$71,258
Engelbrecht J F	$416,786
Engelbrecht S	$326,886
Enns J P	$487,124
Erfanfar A	$68,055
Erhard P	$105,791
Eschun G M	$126,314
Eshghi Esfahani F	$338,273
Eskandar A A	$67,615
Eskandargergies S	$163,268
Eskarous S	$458,617
Esmail A	$535,404
Espenell A E	$95,378
Essa R A A	$537,022
Esser C M	$71,445
Ethans K D	$151,234
Evans H	$85,517
Evans M J	$104,089
Ewert F J	$354,497
Fagbemigun A	$155,910
Fainman S E	$172,168
Falconer T	$80,581
Faltas S	$220,184
Fanella S T	$95,524
Farag R F	$289,451
Farmer R C	$147,106
Fast M D	$366,682
Fatoye A	$67,256
Feasey D	$101,805
Feierstein M	$198,917
Ferguson D A	$120,726
Finlayson N A	$221,725
Finney B A G	$240,988
Fischer A D	$134,846
Fisher M	$110,292
Fishman L	$385,544
Fitzgerald M	$267,084
Fjeldsted F H	$326,675
Flattery P M	$195,876
Fleisher M L	$116,994
Fleisher W P	$94,666
Fleming F L	$263,580
Fletcher C W	$281,236
Foerster D R	$367,878
Fogel R B	$120,571
Fong H	$352,373
Fontigny N J	$324,138
Fotti C P	$248,991
Fotti S A	$199,317
Fourie H	$197,445
Fourie T	$370,660
Frame H	$287,543
Fraser D B	$58,025
Fraser M B	$300,117
Fraser V H	$225,795
Frechette C	$141,463
Frechette M	$487,077
Frechette S C	$406,821
Frederick D V	$76,120
Fredette P	$326,816
Freed D H	$715,617
Freedman J I	$208,075
Freitas E A	$172,705
Friesen J	$456,327
Friesen S	$70,457
Froese W	$462,028
Frohlich A M	$500,275
Fuchs G R	$343,201
Fung H[2]	$536,216
Funk D J	$210,564
Fuzeta G	$133,028
Gabriel M	$133,345
Galenzoski K J	$243,105
Galessiere P F	$767,586
Galimova L	$430,557
Gall R M	$426,316
Gallagher K	$169,438
Garba S	$762,981
Garber L	$440,881
Garber P J	$261,626
Gard S	$300,210
Garip S M	$106,263
Gauthier S W	$73,725
Gdih G A M	$1,278,017
Geneve M	$511,305
George R H	$156,512
Georgi M	$71,560
Gera R M	$495,141
Gerber J D W	$302,799
Gerges H F	$68,300
Gerstner T V	$412,213
Gertenstein R J	$550,888
Ghazali S	$80,553
Ghebray T M	$228,847
Ghebrial M S N	$293,428
Ghoneim M S	$426,483
Giannouli E	$509,025
Giesbrecht D R	$326,702
Giesbrecht J E	$168,487
Giles B L	$74,353
Gill B	$336,828
Gill E	$305,955
Gillespie B	$814,972
Gillespie J L	$261,569
Gillman L	$143,277
Gillman M	$67,387
Gingerich J R	$218,120
Gingerich R	$155,568
Girard J	$291,440
Girgis F S	$448,816
Girgis H E	$158,786
Giuffre J	$349,405
Glacken R P	$255,207
Glenn D M	$122,129
Glew W B	$227,642
Glezerson G	$523,239
Globerman D J	$108,830
Glover P G	$92,506
Godlewski W	$211,215
Goeke F	$271,022
Goerz P G	$130,543
Goldberg A	$71,182
Goldenberg D	$458,303
Gomori A J	$223,030
Gonzalez-Pino F	$261,889
Gooi A C	$163,347
Gooi T H	$534,201
Gooi T L	$792,162
Goossen M	$719,603
Goossen R	$74,464
Gordon J	$428,137
Gordon V	$54,355
Gordon W L	$234,544
Goubran A W	$604,402
Gouda F F	$319,391
Gould L F	$437,917
Goulet S C	$222,301
Govender P	$309,033
Governo N J	$352,272
Goytan M J	$906,523
Grabowski J L	$432,265
Grace K J	$225,296
Graham C P	$265,338
Graham K	$437,804
Graham M R	$183,783

Graham R	$114,930
Grass S B	$358,777
Gray M G	$286,823
Greenberg C R	$99,823
Greenberg H M	$245,454
Gregoryanz T	$274,311
Grenier D	$102,988
Greyling L D L	$201,726
Griffin P	$159,354
Griggs G	$250,499
Grimbeek F	$297,012
Grimes R B	$251,038
Gripp K E	$122,062
Grobler W P	$348,435
Grocott H P	$343,079
Groenewald L H	$143,920
Groohi B	$258,950
Groves L	$291,636
Gudmundson C	$306,359
Guindi N S	$293,045
Guindy S	$398,995
Gujral P	$317,250
Gulati H	$182,945
Gumber R	$97,211
Gupta A	$120,060
Gupta C K	$356,139
Gupta D K	$629,811
Guzman R	$707,962
Gwozdecki T M	$271,514
Ha F T	$183,978
Haberman C J	$295,606
Haggard G G	$334,669
Hahlweg K A	$173,713
Hai M A	$296,061
Haiart D C	$341,138
Hajer C R	$344,701
Hajidiacos N	$187,245
Haleis A R	$110,408
Haligowski D	$252,853
Halka H	$163,353
Hall A D	$65,507
Hall B A	$110,179
Hallatt D	$127,815
Hamedani R	$427,359
Hameed K A	$375,744
Hamilton J M	$96,419
Hammell J	$103,174
Hammond A W	$308,637
Hammond G W	$255,281
Hancock B J	$179,725
Hanlon-Dearman A C	$127,053
Hanna I	$244,478
Hanna M	$433,910
Hanna M H	$199,681
Hanna N S	$112,126
Harding G A J	$134,084
Harding G E	$617,299
Hardy B[2]	$587,555
Hardy K M	$236,322
Haresha A	$460,730
Harms S	$413,527
Harrington M W	$191,179
Harris P	$812,498
Harrison W D[2]	$1,526,244
Hartley D M	$346,974
Hasan M	$74,295
Hasdan G	$299,115
Hashem F A	$428,406
Hashmi S	$487,258
Hassa A	$107,090
Hawaleshka A	$238,458
Hawe R D	$274,816
Hayakawa T E	$593,831
Haydey R P	$1,076,460
Hayward R J	$527,449
Hechler P	$180,115
Hechtenthal N	$179,836
Hedden D R	$635,590
Hedden J R	$251,250
Heese H	$69,869
Heibesh S G F	$491,693
Heidenreich W	$180,296
Helewa M E	$253,054
Helms J B	$520,961
Henderson B[2]	$3,842,292
Henderson C	$66,966
Henderson L P	$105,340
Henry D W	$234,394
Henry S F	$164,126
Hershfield E S	$170,759
Hiebert T[5]	$62,855
Hiebert T[5]	$103,323
Higgins R[2]	$371,712
Hildahl C	$340,596
Hildebrand B C	$52,831
Hilderman L	$210,043
Hildes Ripstein G E	$156,918
Hitchon C	$114,087
Hlynka A	$409,680
Ho J	$318,734
Ho K S	$74,107
Hobbs C L	$84,814
Hobson D E	$338,409
Hochman D J	$649,234
Hochman J	$242,750
Hochman M	$241,388
Hoeppner W T	$139,511
Holder F	$329,163
Holland-Muter E	$222,007
Holmes C	$125,122
Holowenko D S	$112,878
Holroyd D	$83,276
Holt S C	$98,029
Homik L	$778,186
Honiball J J	$503,369
Hooper D	$548,773
Hooper W M	$270,643
Hosegood G	$81,530
Houston D S	$71,897
Hoy C S	$51,132
Hoy G J	$272,979
Hoy M L	$327,801
Hoyeck A	$72,660
Hrabarchuk B	$442,963
Hudgel D	$290,662
Huebert D M	$471,134
Huebert H T	$109,505
Hughes P M	$179,070
Hui C	$384,855
Hunt D A	$180,150
Hunt J	$212,491
Hurd C	$108,733
Hurst L D	$529,634
Husarewycz S	$323,143
Hussain F	$854,662
Hussain S	$216,714
Hutchison T	$243,336
Hutfluss G J	$442,895
Hyman J R	$181,710
Hynes A F	$256,493
Iancu D	$553,149
Ibbitt C J	$246,657
Ibrahim A F A	$666,676
Ibrahim M	$205,668
Ijaz S P	$63,344
Ilchyna D C	$309,349
Ilnyckyj A	$273,853
Ilse W K	$262,455
Imam I E B	$422,088
Ingimundson J C	$160,211
Inglis D	$481,436
Ingram P F	$265,079
Intrater H	$354,293
Ip A	$353,343
Iqbal I	$443,679
Ireland W	$55,825
Irving J E	$376,163
Isaac C	$259,000
Isaac M R	$61,244
Isaacs R L	$107,458
Iskander S S G	$349,902
Iskander S F	$318,585
Islur A	$463,542
Ismail I	$88,251
Israels S J	$79,157
Ivey J	$179,476
Jabs M	$79,856
Jackson A C	$51,984
Jackson J H	$63,781
Jacob M V[2]	$392,935
Jacob T K	$137,913
Jacob V C	$1,068,106
Jacobs J	$478,255
Jacobsohn E	$178,580
Jaeger C	$294,885
Jagdeo A	$271,177
Jain M	$739,991
Jain N K	$133,583
James J M	$202,367
James K J	$101,434
Jamora E	$106,527
Janjua M M	$112,983
Jansen Van Rens N	$560,955
Jason M	$212,608
Jassal D	$307,965
Jebamani S	$262,819

Jei Almdhem M	$175,106
Jellicoe P	$173,120
Jenkins K A	$50,986
Jenkinson D	$55,957
Jensen B	$70,972
Jensen C W B	$335,563
Jensen D M	$484,984
Johnson A W	$52,272
Johnson B	$285,212
Johnson C	$191,419
Johnson D	$562,105
Johnson E	$569,382
Johnson M G	$811,789
Johnson R G	$241,372
Johnston C	$84,629
Johnston J B	$168,009
Johnston J L	$204,611
Jolly K S	$404,682
Jones J L	$112,389
Jones K D	$210,041
Joshua J M	$258,348
Joundi M G	$385,773
Jovel R E	$272,708
Jowett A	$300,224
Junaid A	$293,390
Kabani A M[1]	$144,175
Kadambi D R	$91,863
Kaethler W	$358,580
Kahanovitch D	$337,231
Kaita K D E	$335,366
Kaldas N N R	$183,839
Kaler J	$54,418
Kalicinsky C	$59,700
Kalturnyk B P	$156,398
Kania J	$656,096
Kaplan J	$120,329
Karimu A L	$54,809
Karlicki F[2]	$484,188
Karpinski M E	$367,580
Karvelas J	$173,093
Karvelas L M	$54,819
Kashin R S	$158,613
Kasper K D	$271,063
Kass M	$775,264
Kassier K	$840,178
Kassis L	$257,413
Katerinaki E	$67,062
Kati A A	$268,612
Katz G A	$342,365
Katz L	$137,002
Katz Pamela	$123,070
Katz P	$216,542
Kaufman R	$102,810
Kaur B	$98,375
Kaushal R D	$372,767
Kaviani M	$118,296
Kayler D E	$651,847
Kearns K	$162,167
Keddy-Grant J	$279,829
Kehler T	$91,685
Keijzer R	$119,404
Kelleher B E	$146,115
Kellen P	$372,837
Kellen R I	$708,973
Kemkaran K	$258,748
Kennedy M F	$107,023
Kepron W	$331,776
Kerr L	$117,118
Kerr P D	$376,556
Kettler J J	$158,010
Kettner A	$162,924
Keynan Y	$61,092
Khadem A	$531,548
Khaleifa A O	$143,744
Khalil I	$76,779
Khan A H	$418,850
Khan A	$75,475
Khan N M	$438,380
Khandelwal A S	$430,453
Khangura D	$501,624
Khelil A I	$259,408
Khoury M	$57,129
Kimelman A L	$152,217
Kindle G F[2]	$743,289
King T D	$117,743
Kinnear D	$367,594
Kinsley D C	$477,177
Kinsner J M	$145,624
Kippen J D	$164,388
Kippen R N	$399,727
Kirkpatrick I D C	$388,008
Kirshner A	$460,383
Kish S L	$226,972
Kisil D	$60,720
Klaponski S	$188,177
Klassen D H	$298,218
Klassen L J	$117,269
Klassen N F	$280,554
Klassen O	$135,875
Klassen R	$92,237
Kliewer K	$336,463
Klippenstein N L	$688,841
Kloppers A A	$455,110
Kluke C	$61,589
Klym K L	$128,053
Knezic K A	$55,733
Koczanski R	$144,782
Koenig J K	$571,981
Koensgen S J	$192,844
Kogan S	$168,250
Koh C	$133,592
Kohja A A	$295,018
Kolt A M	$108,702
Koltek M M	$90,609
Komenda B W	$245,930
Komenda P V J	$380,789
Komosky J	$125,341
Kong A M C	$178,575
Koochesfahani K M	$196,678
Koodoo S R	$352,757
Kos G P	$51,755
Kosowan M R	$327,825
Kotecha Y	$387,582
Koulack J	$708,882
Kousonsavath R	$188,854
Koven S	$55,244
Kovnats S	$137,035
Kowalchuk I J	$344,093
Kowalski S	$147,297
Krahn C	$315,070
Krahn J	$335,866
Krahn M	$145,022
Kramer M	$234,350
Kraut A	$101,285
Kredentser J	$144,350
Kremer S	$102,646
Kreml J	$202,424
Kroczak T J	$172,344
Kroeker L R	$375,386
Kroeker M A	$184,560
Kroft C D L	$129,119
Krongold I	$135,986
Krongold P	$176,413
Kruk R D	$181,646
Krzyzaniak K M	$234,064
Kucheravy T	$52,976
Kucparic P	$182,562
Kuegle P F X	$311,734
Kumar A	$497,633
Kumar R	$91,001
Kumbharathi R B	$74,844
Kuo B	$272,419
Kurtas T K	$50,325
Kyeremateng D	$373,042
Labella L	$54,103
Labiyaratne C	$183,093
Lacerte M M	$231,259
Lach L A	$104,956
Lachman M	$70,766
Lafontaine I	$125,064
Lage K L	$242,668
Lagowski M C	$228,118
Lam C C	$86,588
Lam D S C	$191,939
Lam H P[3]	$724,710
Lamb J A	$184,836
Lamba K S	$252,191
Lambert D A	$208,739
Lambrechts H	$325,980
Lander D A	$127,617
Lander M	$163,205
Lane E S	$283,919
Lane M A	$112,935
Lang C	$307,022
Langan J T	$415,760
Langridge J K	$292,643
Large G	$303,591
Larue L B	$116,215
Lau Y	$513,476
Laurencelle R	$90,222
Lautatzis M[2]	$356,777
Lautenschlager E	$101,558
Lavitt G	$50,124
Lawrence P H	$701,999
Lazar M H	$349,173
Lazarus A	$351,968

Le Roux C	$234,852	Loepp C	$209,276	Maksymiuk A W	$176,859
Le Roux P C	$460,055	Loewen E D M	$75,540	Malabanan E	$418,493
Leader E	$64,262	Loewen S R	$113,371	Malchy B A	$82,413
Lebedin W W	$438,284	Lofgren S R	$141,124	Malek-Marzban P	$565,064
Lecuyer N S	$191,599	Logan A C	$514,606	Malik A	$191,312
Lee B D	$124,018	Logsetty S	$205,882	Malik B S	$639,585
Lee F F	$366,389	Loiselle J A	$213,887	Malik R N	$520,049
Lee G Q	$203,057	Long A L	$1,195,061	Malo S	$130,401
Lee H B	$355,690	Longstaffe A E	$344,203	Mammen T	$539,342
Lee J J Y	$670,117	Longstaffe S	$138,919	Manishen W J	$395,710
Lee S	$911,314	Lopez G	$71,918	Manness R C	$193,505
Lee T J	$337,530	Lopez Gardner L L	$85,583	Mansfield J F	$246,163
Lee T W	$374,654	Lorteau G	$67,059	Mansour H M S	$175,762
Lee V K	$750,832	Lotocki R J	$575,355	Manuel P	$166,425
Lee-Kwen J	$75,989	Loudon M	$347,614	Manusow D	$431,688
Lee-Wing M W	$684,303	Lowden C S	$389,866	Marais F	$435,679
Leen D A	$281,733	Lu P B	$172,582	Marantz J	$210,876
Lehmann H	$190,927	Lucman T S	$72,260	Mare A C	$333,087
Lei B T C	$465,958	Lucy S	$363,483	Margolis N	$287,370
Leicht R	$1,272,129	Ludwig L	$206,276	Marles S L	$76,066
Leitao D J	$332,627	Ludwig S	$239,449	Marrie R A	$53,952
Lekic P C	$107,575	Luk T L	$285,726	Marriott J J	$114,936
Leloka C M	$390,612	Lukie B J	$402,733	Marsh D W	$189,707
Lemoine G G	$246,748	Lum Min S	$212,556	Marshall K	$50,523
Lemon K	$77,385	Lyn B E	$56,571	Martens D B	$251,944
Lemon P W	$273,754	Lynch J M	$53,104	Martens M D	$86,920
Lerner N	$342,922	Lyons E A[2]	$635,169	Martens R	$262,029
Lesiuk T P	$64,829	Lysack A M	$133,517	Martens Barnes C	$131,224
Leslie H	$62,018	Lysack D A	$591,170	Martin D	$156,746
Letkeman R C	$279,454	Mabifa O	$342,193	Martinez E R	$418,641
Letts K	$134,544	Mabin D[2]	$605,553	Marx T	$316,948
Leung E	$99,930	MacDiarmid A L	$176,036	Maslow K D	$719,579
Leung Shing L P	$253,780	MacDonald N	$271,063	Masoud I A	$212,000
Levi C S[2]	$448,518	MacDonald P	$420,086	Mathen M K	$829,599
Levin B L	$436,458	MacDougall B	$244,146	Mathew G	$436,465
Levin G	$240,884	MacDougall E	$166,280	Mathieson A L	$317,522
Levin H	$293,973	MacDougall G	$565,976	Mathison T L	$227,074
Levin I	$327,910	MacEachern N	$297,171	Matsubara T K	$329,639
Levy S B	$254,671	Macek R K W	$210,768	Matthew T	$292,227
Lewis A B	$219,201	MacInnes A I	$80,941	Matthews C M	$216,718
Leylek A	$230,378	MacIntosh E L	$534,697	Matthews N	$241,379
Lezack J D	$341,379	Mackalski B A	$537,665	Maxin R	$135,591
Li W	$272,333	MacKay M J	$171,654	Maxwell I	$214,045
Lieberman D K	$320,222	MacKenzie G S	$326,108	Mayba I I	$199,799
Lindenschmidt R B	$73,930	MacKlem A K	$489,669	Mayba J I	$794,725
Lindenschmidt R R	$313,185	MacLeod B A	$250,890	Maycher B[2]	$1,390,983
Lindquist L[2]	$525,804	MacMahon R	$292,729	Mazek F R E	$789,648
Lindsay D	$58,101	MacMillan M B	$343,534	Mazhari Ravesh A H	$440,166
Lindsay D J[2]	$1,059,052	MacNair T L	$564,569	McCammon R J	$226,277
Lint D W	$120,765	Macrodimitris A G	$191,941	McCarthy B G	$273,917
Lipinski G	$280,762	Madison A M	$149,351	McCarthy G F	$489,444
Lipnowski S	$693,719	Magarrell C	$105,009	McCarthy T G	$647,334
Lipschitz J	$762,819	Maguire D	$403,083	McClarty B[2]	$1,061,680
Littleford J A	$313,270	Maharaj I G	$435,135	McCrae H	$120,209
Liu J	$208,299	Maharajh D A	$240,305	McCullough D W	$100,879
Livingstone C	$71,944	Mahay R K	$476,751	McCusker P	$60,388
Lloyd D A	$285,927	Mahdi T	$203,264	McDonald H D	$243,694
Lloyd R L[2]	$1,464,500	Maier J C	$209,539	McFadden L R	$446,820
Lo E	$223,710	Maiti S	$473,537	McFayden R W C	$256,519
Loader K	$252,466	Major P[2]	$912,249	McGinn G[2]	$1,436,384
Lockman L E	$560,962	Makar A	$96,880	McGregor B	$254,684
Lockwood A P	$57,277	Makis V[4]	$579,991	McGregor T B	$328,662

McIntyre I L	$259,948
McIntyre I W	$257,541
McKay M A	$336,543
McKenzie T	$167,695
McKiernan B	$123,043
McLeod J K	$71,481
McNeill A M	$217,612
McPhee J	$258,274
McPherson J A M	$185,086
McTaggart D L	$186,414
McTavish W G	$273,965
Medd T M	$50,914
Megalli Basali S F	$352,758
Mehta A	$171,341
Mehta P G	$457,932
Mekhail A	$138,950
Mellon A M	$437,369
Memon G	$255,522
Memon R	$97,829
Menard S	$227,407
Mendis M R	$58,276
Menkis A H	$193,566
Menticoglou S	$960,295
Menzies R J	$568,032
Mercier N	$148,964
Mestdagh B E	$130,339
Mestdagh R J	$86,570
Mestito Dao I	$79,575
Meyers M	$52,434
Meyrowitz D	$200,316
Mhanni A	$142,380
Mian M T	$206,908
Micflikier A B	$1,904,053
Mikhail S N F	$336,661
Milambiling E M	$428,362
Milambiling L C Perez	$258,723
Milbrandt K	$157,255
Miller A	$61,912
Miller D M	$443,487
Miller D L	$290,000
Miller L	$207,659
Miller M	$500,134
Miller T L	$314,094
Milligan B E	$90,056
Milner J F	$703,704
Mina M M F	$100,889
Minhas K K S	$874,561
Mink S	$222,631
Minnaar J	$191,845
Mintz S L	$105,037
Minuk E	$153,066
Minuk G	$105,782
Miranda G	$176,759
Mis A A	$488,687
Miskiewicz L M	$149,309
Moddemann D	$209,948
Moffatt D C M	$646,217
Mohamdee J F	$183,329
Mohamed A S	$150,513
Mohamed M A M	$534,471
Mohammed I	$327,692
Moller E E	$223,005
Moller L	$345,991
Moller P R	$585,929
Moltzan C	$240,357
Momoh J T	$556,584
Moncek J A	$388,373
Monkman L M	$219,917
Monson R C	$143,599
Monteiro G E	$381,902
Moody J K	$196,155
Moon M	$665,914
Moore R F	$333,816
Moran De Muller K	$721,476
Morham A	$189,005
Morier G S	$144,779
Morris A L	$344,072
Morris G S	$259,129
Morris M	$218,093
Mostert F	$201,959
Mottola J C	$211,081
Mouton R W	$333,345
Mowchun L	$153,925
Mowchun N	$268,349
Mshiu M	$466,146
Muirhead B	$211,380
Mukty M A	$282,811
Mulhall D	$92,066
Mulhall T	$55,769
Muller D	$52,206
Muller Delgado H A	$322,158
Mundle S	$72,281
Munsamy G K	$263,825
Murray D	$386,313
Murray G G	$79,928
Murray K	$441,205
Muruve G N	$302,828
Mustafa A	$145,777
Mustapha S F	$283,271
Mutch W A C	$89,557
Mutter T C	$174,145
Myers R L	$155,816
Myers W E	$434,061
Mykytiuk P	$408,371
Mymin D	$52,357
Mysore M	$349,458
Nachtigal H	$65,450
Naidoo J [1]	$21,519,617
Naidoo S P [1]	$6,535,373
Nair U K	$377,851
Narvey E B	$70,939
Nashed M	$179,770
Nason R W	$256,967
Nasr N Y I	$388,697
Nates W A	$186,714
Naugler S	$394,544
Nause L N	$317,284
Nawrocka D	$131,748
Nazar-Ul-Iman S	$549,207
Nejad Ghaffar S	$108,647
Nelko S	$63,222
Nell A M	$509,450
Nelson M	$59,358
Nemeth P	$359,937
Nepon J	$392,010
Neufeld G M	$53,532
Neufeld H	$98,633
Newman F	$266,025
Newman S	$269,767
Newsham D	$51,821
Nguyen K M	$298,229
Nguyen L	$297,642
Nguyen M H	$375,271
Nicolle L E	$151,445
Nigam R	$588,216
Njionhou Kemeni M M	$155,500
Nkosi J E	$121,158
Noel C	$906,467
Noel M L	$50,810
Nugent L M	$352,104
Nyomba B L	$194,531
O'Hagan D B	$447,803
O'Keeffe K M	$180,360
Ochonska M	$428,260
Oen K G	$88,920
Olafson K	$83,592
Old J	$327,757
Olin G M	$51,656
Oliver J	$75,556
Olivier S	$172,523
Olson R L	$240,667
Olson S M	$86,211
Olujohungbe A B	$98,790
Olynyk F	$159,886
Omelan C K	$197,267
Omichinski L M	$371,433
Ong A	$213,622
Ong B Y	$509,210
Ong G H	$432,608
Onotera R	$172,400
Onyshko D J	$279,110
Oraif A M K	$59,370
Ormiston J D	$302,254
Orr P	$154,003
Osei-Bonsu A	$239,326
Osler F G	$299,878
Owusu N	$88,990
Pachal C A	$217,459
Pacin A	$115,374
Pacin O	$207,245
Pacin S	$419,383
Padeanu F T	$219,447
Padua R N	$233,366
Paetkau D	$186,806
Palatnick C S	$215,417
Panaskevich T	$648,739
Pandey A K	$139,145
Pandian A	$378,801
Pang E G	$146,782
Pannu F	$314,053
Papegnies D	$82,684
Paquin R W	$94,725
Parham S M	$116,261
Park J	$320,108
Parker K R	$282,001
Parmar G	$386,211

Partap N A	$140,807
Partridge G	$74,448
Partyka J W	$315,260
Pascoe E A	$514,501
Paskvalin M	$141,219
Pasterkamp H	$171,567
Patel B	$52,100
Patel L R	$276,909
Patel N	$70,214
Patel Praful C	$728,014
Patel P C	$578,508
Patel R C	$579,849
Patel S V	$289,396
Patel S P	$239,102
Pathak K A	$427,694
Pather A	$133,881
Pauls R J	$343,220
Pawlak J	$85,766
Pederson K	$97,311
Peled E	$65,701
Pelissier R	$81,862
Penner K	$157,970
Penner L R	$120,804
Penner S B	$327,633
Penrose M	$384,331
Pepelassis D	$100,587
Peretz D	$72,792
Perkins G	$91,167
Perlov J	$270,982
Permack S	$295,667
Perrett M	$70,048
Perry D I	$492,850
Peschken C	$130,495
Pesun I J	$56,156
Peters B	$876,086
Peters H O	$202,807
Peters H	$323,388
Peterson J	$274,132
Petrilli L A	$66,462
Pfeifer L	$73,803
Philipp R K	$658,773
Pickard K	$150,457
Pickering B	$352,939
Pierce G W [2]	$741,889
Pieterse W	$529,215
Pilat E J	$241,127
Pilkey B D	$521,946
Pillay P G	$544,531
Pinder M	$374,779
Pinette G D	$366,490
Pinniger G W	$212,099
Pintin-Quezada J	$446,668
Pio A	$367,512
Pirvu A M	$66,010
Pirzada M A	$333,620
Pitt T J	$58,593
Pittman P	$219,689
Pitz M	$95,851
Plueschow M	$57,211
Poettcker R J	$398,103
Polimeni C	$131,706
Pollet V	$126,380
Pollock B	$535,852
Poon W W C	$260,991
Pooyania S	$436,501
Popoff D	$196,213
Popowich S	$323,046
Porhownik N R	$443,077
Porter D	$55,232
Possia C	$51,546
Postl B	$93,494
Potoski J P	$258,466
Potter J	$144,036
Prasad B	$228,418
Preachuk C T J[2]	$91,459
Prenovault J	$373,819
Pretorius A	$189,943
Pretorius L L	$82,911
Price J	$281,245
Priestley D W	$268,832
Prinsloo J	$345,225
Pritchard P	$84,470
Prober M A	$209,138
Prodan O	$112,723
Psooy K J	$106,331
Putnins C	$145,860
Puttaert D	$144,506
Pymar H C	$320,134
Quesada R	$332,187
Quon H C	$219,004
Qureshi R	$187,027
Raabe M A	$549,721
Rabson J L R	$1,074,162
Radawiec J	$59,185
Radulovic D	$379,353
Rae P E	$54,892
Rafay M F	$109,643
Raghavendran S	$272,016
Rahman J	$723,899
Rahman M	$95,883
Raimondi C	$270,577
Rajamohan C	$541,009
Rajani K R	$482,965
Ramadan A N	$85,542
Ramadan S I	$248,470
Ramgoolam R	$438,015
Ramsay J A	$110,125
Ramsey C D	$179,329
Randolph J L	$83,675
Randunne A S	$340,722
Raubenheimer J P	$443,859
Rauch J F	$804,259
Ravandi A	$315,914
Rawoof R H	$475,419
Raza I	$163,851
Reckseidler C	$104,465
Reeves J D	$76,404
Rehal R S	$245,732
Rehsia D	$732,098
Reid G J	$406,888
Reimer D K	$254,432
Reimer D J	$517,414
Reimer H	$211,131
Reimer M B	$254,085
Reinecke M	$131,659
Reinhorn M	$67,722
Reiss M	$52,501
Rempel R G	$173,720
Rennie W R J	$57,773
Reslerova M[3]	$777,731
Reyneke A	$415,811
Reynolds J L	$204,383
Rezk E A	$183,107
Rice P	$309,592
Rich A D	$242,019
Richardson C J	$367,160
Riche B[3]	$686,786
Ridah D	$139,164
Rigatto C	$762,322
Ring H	$147,525
Ringaert K	$168,758
Ritchie B A	$351,062
Ritchie J	$240,080
Rivas J H	$69,483
Rizk A M	$272,148
Roberts J R	$305,035
Roberts K A	$235,774
Roberts M	$55,519
Robertson G A	$74,591
Robillard S C	$171,091
Robinson C C	$232,937
Robinson D B	$221,755
Robinson D J	$327,791
Robinson G	$56,124
Robinson J	$531,154
Robinson W	$276,572
Rocha G	$1,158,148
Roche G	$244,601
Rodriguez Marre I	$220,249
Roe B E	$117,993
Roets W G	$78,340
Rogozinska L	$434,079
Rohald P	$385,971
Roman M	$319,605
Roman N	$286,142
Ronald A R	$58,660
Roos P J	$62,004
Rosario R	$132,339
Rosenthal P	$290,499
Rosner B	$74,953
Ross F J	$191,216
Ross F K	$160,265
Ross J F	$868,951
Ross J J	$272,594
Ross L L	$344,898
Ross T K	$169,297
Rothova A	$281,617
Roussin B C	$175,789
Roux J G	$294,234
Rowe R C	$204,750
Roy D	$150,322
Roy M J	$209,508
Rubinger M	$147,653
Rubinstein E	$288,707
Ruddock D L	$348,852
Rumbolt B R	$344,375

Rusen J B	$335,374
Rush D N	$173,376
Rush N O S	$98,273
Rusnak B[2]	$392,561
Rust G	$80,762
Rust L	$152,133
Ryall L A	$93,319
Ryckman B A	$254,282
Saadia R	$347,412
Saadia V	$158,700
Sabapathi K	$251,397
Sabeski L M	$403,423
Saffari H	$77,487
Sakla M S S	$243,988
Sala T N	$225,194
Salamon E	$658,744
Saleem A	$484,209
Salem F	$784,742
Salman M S	$75,746
Salter-Oliver B A	$134,197
Sam D	$160,009
Sami S	$196,959
Samoil M F S	$186,914
Samuels E R	$51,880
Samuels L	$455,124
Sanders R W	$151,687
Sandhu S S	$504,770
Santdasani S K	$323,138
Saran K D	$173,936
Saranchuk J W	$336,035
Sareen J	$66,079
Sareen S	$352,408
Sarlas E	$152,339
Sasse S G	$101,348
Sathianathan C	$927,149
Saunders K	$194,659
Savage B	$228,326
Sawchuk J P	$68,665
Sawka S E [2]	$1,310,248
Sawyer J A	$369,768
Sawyer S K	$63,216
Scatliff J	$70,031
Schacter B A	$69,191
Schaeffer D	$80,631
Schaub J C	$70,876
Schellenberg J D	$254,128
Schellenberg W C	$499,457
Scherr R	$54,054
Schledewitz I L	$65,780
Schmidt B J	$122,342
Schmidt D	$52,017
Schneider C E	$398,622
Schroeder A N	$384,248
Schroeder G	$222,361
Schur N K	$352,012
Schwartz L D	$344,549
Scott J	$572,314
Scott S	$143,229
Seager M J	$427,601
Seftel M D	$80,870
Segstro R J	$165,998
Seifer C M	$332,522
Seitz A R	$275,450
Selaman M H	$180,985
Sellers E	$70,794
Semus M J	$243,769
Sen R	$190,869
Sethi K	$165,328
Sethi S	$335,085
Sett S	$92,473
Sewell G	$113,477
Shah B	$366,163
Shah S A A	$81,727
Shahzad S	$75,024
Shaikh N	$278,620
Shaker M	$282,149
Shane M	$382,960
Shapiro S M	$64,339
Sharda P	$241,482
Sharif M N	$282,835
Shariff F K	$112,694
Sharkey J B	$395,537
Sharkey R D	$88,813
Sharma S	$715,026
Shatsky M[2]	$842,305
Shell M	$199,748
Shelton N H	$78,185
Shelton P A	$183,107
Shenoda K L M	$169,947
Shenouda M	$250,699
Shenouda P F S	$316,654
Shepertycky M R	$515,765
Sheps M	$756,942
Sherbo E	$75,309
Shiffman F H	$603,563
Shojania A M	$160,100
Shoukry S	$164,364
Shuckett P	$344,657
Shum K C	$228,486
Shumsky D	$120,735
Shunmugam R	$904,243
Sickert H G	$201,498
Siddiqui F S	$161,161
Sidra Gerges M E	$356,424
Sigurdson E	$211,622
Sigurdson L J	$792,780
Sikora F J	$318,829
Silagy S	$550,127
Silha J	$879,140
Silhova D	$175,749
Silver N A	$253,546
Silver S	$1,516,642
Silverman R E	$270,644
Simard-Chiu L A	$208,186
Simm J F	$276,326
Simonsen J N	$106,348
Simonson D W	$211,950
Sin S	$112,957
Singal R K	$234,726
Singer M	$113,233
Singh A	$285,991
Singh G B	$497,177
Singh H	$336,765
Singh M	$287,911
Singh N	$102,256
Singh R	$166,423
Singh R D	$471,036
Singh S	$74,552
Sinha M	$335,589
Sinha S N	$435,550
Siyih M	$290,193
Skakum K K	$187,687
Skead L	$477,096
Skrabek R Q	$389,002
Sloan G	$171,891
Slutchuk M	$293,498
Smal S J	$235,923
Small L	$67,659
Smart J R A	$193,313
Smil E	$257,256
Smith C	$183,875
Smith H W E	$207,766
Smith J R M	$78,602
Smith L F	$501,221
Smith R G	$244,155
Smith R	$84,777
Smith R W	$265,382
Smith S	$75,661
Snovida L	$261,743
Sochocki M P	$186,745
Solbrig M	$64,890
Soliman M F L	$387,999
Sommer H M	$302,164
Soni A	$226,984
Soni N R	$204,165
Soni S	$1,012,444
Sood M	$352,311
Sookermany N	$70,813
Speer M	$237,536
Srichandra W	$206,194
Srinathan S K	$282,979
St Goddard J	$249,907
St John P D	$194,111
St Vincent A	$293,501
Stanko L	$377,504
Stannard K M	$60,086
Stearns E	$200,518
Stefanyshen G S	$94,659
Steinberg F	$146,267
Steinberg R J G	$234,126
Stelzer J	$277,148
Stephensen M C	$262,688
Stewart G B	$65,351
Stimpson R	$128,878
Stitt A	$52,382
Stitt G P	$62,469
Stitz M	$325,021
Stockl F A	$1,216,715
Stoffman J M	$105,699
Stone J D	$422,588
Storoschuk G W	$275,475
Storsley L J	$418,706
Stoski R M [2]	$783,411
Stoykewych A A	$66,227
Stranges G A	$269,947
Strank R K	$167,878

Strong J E	$78,415
Stronger L	$319,797
Strumpher J	$321,279
Sud A K	$663,083
Sulaiman I	$103,747
Sulaiman M	$275,096
Sullivan M	$154,620
Sultan O	$376,730
Surajballi H	$103,683
Suski L	$54,731
Susser M	$200,877
Sutherland D E	$229,940
Sutherland E N	$361,919
Sutherland J G	$234,104
Sutherland S	$577,431
Sutter J A	$346,894
Sutton I R	$366,161
Swartz J	$139,502
Swenarchuk G	$74,129
Symchych M	$60,430
Szajkowski S	$248,431
Szajkowski T	$236,455
Szaky T	$134,595
Szwajcer D	$85,551
Tam J W	$202,805
Tamayo Mendoza J A	$332,554
Tan L	$478,547
Tang-Wai R	$320,184
Tangri N	$212,543
Tapper J A	$379,591
Tapper R	$55,902
Taraska V	$1,354,386
Taraska V	$595,580
Targownik L E	$259,355
Tariq M	$298,962
Tassi H	$102,815
Tawadros M B	$231,427
Tawfik Helmy S	$231,318
Taylor H R	$569,681
Taylor P D	$65,582
Taylor S N	$553,094
Tenenbein M	$308,876
Teo S L	$301,857
Theodore G M	$303,268
Therrien D J	$83,105
Thess B A	$692,425
Thiessen M N	$112,717
Thiessen R J	$67,155
Thille S M	$188,018
Thomas S T	$242,198
Thompson R A	$53,493
Thompson R M	$65,856
Thompson S B	$147,901
Thompson T R	$175,945
Thomson B R J	$72,852
Thomson G T D	$244,327
Thomson I R	$198,466
Thorlakson D	$204,674
Thorlakson I J	$233,141
Thottingal A P	$164,870
Thwala A B	$256,384
Tiab G A	$357,126
Timmerman D	$79,354
Tischenko A	$458,989
Tissera P A	$280,413
Todary Fahmy Y	$306,737
Toews K A	$303,263
Tohme J	$220,599
Tole G D	$58,388
Tomchuk E	$481,700
Tomy P	$180,797
Toole J	$651,949
Trainor J M [1]	$7,870,114
Trajano J	$231,434
Tran C P	$255,260
Tretiak L	$128,697
Trinh H	$175,751
Tsang D	$435,567
Tsuyuki S H [2]	$350,198
Tufescu T	$282,603
Tulloch H V	$135,400
Turabian M	$392,944
Turgeon T	$374,651
Turner D R	$430,438
Turner R B	$392,570
Ullyot S	$115,882
Ungarian J	$269,401
Unruh H W	$460,872
Uwabor W O	$173,046
Uys T	$283,113
Uzwyshyn M	$126,301
Vakilha M	$331,323
Van Alstyne M	$609,724
Van Ameyde K	$142,337
Van Amstel L L	$75,247
Van De Velde R	$129,782
Van Den Heever J W	$358,904
Van Der Byl G	$156,855
Van Der Zweep J	$380,082
Van Gend R	$275,735
Van Jaarsveldt W	$403,762
Van Niekerk E	$298,282
Van Niekerk S	$345,671
Van Rensburg C J	$424,942
Van Rensburg P D J	$423,126
Van Rooyen M L	$548,388
Vanderwert R T	$194,348
Varley K R	$50,813
Varma A	$385,784
Vattheuer A	$91,752
Vattheuer F B	$137,800
Venditti M	$205,474
Venkatesan N	$139,208
Vergis A	$430,823
Verity S D	$197,094
Verma M R	$411,815
Verrelli M	$432,111
Viallet N R	$340,847
Vicari D	$77,682
Vickar E L	$356,757
Vieira T	$50,721
Vignudo S	$258,008
Violago F	$308,132
Vipulananthan M	$308,999
Vipulananthan V	$393,074
Visch S H R	$166,293
Visser G	$423,514
Visser H B	$272,252
Vlok N	$329,907
Vo M	$744,352
Vorster A P	$85,142
Vosoughi R	$194,990
Voyer D	$98,813
Wadhwa V S [2]	$330,360
Wahba Hanna T W	$360,245
Waldman J C	$336,897
Walkty A	$141,756
Wallace S E	$285,001
Walli J E	$552,699
Walters J J	$765,216
Wanono R	$50,083
Warkentin R	$223,264
Warnakulasooriy R	$84,558
Warraich N	$602,310
Warrian R K	$331,138
Warrington R	$227,191
Wasef M S	$150,391
Watters T	$145,027
Weatherby B	$51,447
Weeraratne M B	$60,033
Weihs R	$57,497
Weizman S	$77,815
Werier J	$350,834
White B K	$320,243
White O J	$504,794
White S	$91,863
White V P	$66,990
Whittaker D	$84,469
Whittaker E	$198,523
Wickert W A	$172,843
Wicklow B A	$73,404
Widdifield H E	$82,727
Wiebe K	$78,573
Wiebe T H	$214,138
Wiens A V	$448,266
Wiens J J	$634,594
Wiens J L	$563,763
Wiens P J	$52,681
Wiesenthal B D	$168,759
Wiesenthal Z	$148,727
Wightman H R [1]	$1,232,893
Willemse P	$839,908
William N	$203,452
Williamson D	$152,587
Williamson K W	$272,158
Willows J R	$431,327
Wilson A S	$77,084
Wilson D	$50,633
Wilson G P	$367,178
Wilson M [2]	$1,311,906
Winistok W	$182,202
Winogrodzka C	$319,418
Winogrodzki A	$116,099
Winzoski T	$79,211
Wires S M	$79,316
Wirtzfeld D	$391,504

Wiseman M C	$763,582
Wiseman N	$267,983
Woelk C	$315,676
Wojciechowski A	$206,164
Wolfe K B	$319,484
Wolfe S A	$267,863
Wong C S	$131,767
Wong H	$241,158
Wong J K	$138,910
Wong R P W	$324,242
Wong S W C	$383,019
Wong S G	$225,886
Wong T	$320,215
Woo C	$345,403
Woo N	$601,130
Woo V C	$605,249
Woods A K	$173,371
Wourms V P	$264,250
Wozney L R	$112,188
Yacoub N	$52,271
Yaffe C	$708,917
Yale R	$166,139
Yamamoto K	$341,761
Yamsuan M	$250,260
Yankovsky A	$124,992
Yanofsky R	$100,306
Yaren S	$180,098
Yeung C	$407,617
Yip B	$418,896
Young B C	$228,341
Young J	$143,774
Young R S	$441,470
Yousif E J	$60,585
Youssef N	$179,472
Zabib N A	$412,665
Zabolotny B P	$430,653
Zacharias J[3]	$937,478
Zaki A E	$211,303
Zaki M F	$475,187
Zeiler F	$750,468
Zetaruk M	$67,761
Ziaei Saba S	$353,277
Zieroth S R	$222,487
Ziesmann M	$815,464
Zimmer K W	$326,512
Ziomek A	$300,288
Zoppa R	$447,687

Explanatory Notes:

(1) *Director of a private laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See list of facilities).*

(2) *Director of a private radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See list of facilities).*

(3) *Billings for dialysis services representing the work of more than one physician. (See list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See list of facilities).*

(5) *Denotes two separate physicians with same first and last names.*

Laboratory Directors and Facilities

Abidullah M	Brandon Clinic Laboratory Western Medical Clinic Laboratory
Kabani A	All Rural Laboratories Concordia Hospital Deer Lodge Centre Grace General Hospital Health Sciences Centre Misericordia Health Centre Riverview Health Centre St. Boniface Hospital Seven Oaks Hospital Victoria General Hospital Westman Regional Laboratories
Naidoo J	Gamma-Dynacare Laboratory (Portage Ave/Kennedy Street) Gamma-Dynacare Cytopathology (Lodge Ave) Lakewood Medical Centre Laboratory
Naidoo S P	Unicity Laboratory Services (Pembina) Unicity Laboratory Services (McPhillips) Unicity Laboratory Services (Lorimer)
Trainor J M	Trainor Laboratory
Wightman H R	Assiniboine Clinic Laboratory Assiniboine Laboratory (Steinbach)

Radiology Directors and Facilities

Boult I F	Assiniboine X-Ray (Lodge)
	Assiniboine X-Ray (Meadowood)
Brooker G	GMB Medical Corp.
Davidson J M	Manitoba X-Ray Clinic (Concordia)
	Pan Am Clinic, Diagnostic Imaging
	Pan Am Clinic, MRI
	Legacy X-Ray Clinic
	Seven Oaks X-Ray Clinic
Eaglesham H	Boyd X-Ray Clinic
	Lakewood Medical Centre Diagnostic Imaging
	Misericordia Health Centre
	Unicity X-Ray (Hargrave)
	Unicity X-Ray (Roblin)
	Unicity X-Ray (Lorimer)
Fung H	Boissevain Health Centre
	Carberry and District Health Centre
	Deloraine Health Centre
	Glenboro Health Centre
	Killarney (TriLake Health District)
	Melita Health Centre
	Souris Hospital
	Treherne (Tiger Hills Health District)
	Virden District Hospital
	Wawanesa Health Centre
Hardy B	General Radiology (HSC)
Harrison W D	Westman Radiology Group
	Brandon Clinic Diagnostic Imaging
	Brandon Regional Health Centre
	Clement Block X-Ray Services
Henderson, B	Seven Oaks Hospital
	Winnipeg Radiology Services (Main)
	Winnipeg Radiology Services (Pembina)
	Winnipeg Radiology Services (Kennedy)
Higgins R	Winnipegosis District Health Centre
	Rothesay X-Ray Clinic
	Transcona X-Ray Clinic
Jacob MV	Dr. C.W. Wiebe Medical Centre
Karlicki F	St. Boniface General Hospital (Ultrasound)
Kindle G F	Birtle Health Centre
	Erickson District Health Centre
	Hamiota District Health Centre
	Minnedosa Health Centre
	Neepawa Hospital
	Riverdale Health Centre
	Roblin District Health Centre
	Rossburn District Health Centre
	Russell Health Centre
	Shoal Lake Health Centre
	Swan Valley Health Centre
Levi C S	Health Science Centre Ultrasound
Lautatzis M	Legacy X-Ray Clinic
	Seven Oaks X-Ray Clinic

Lindquist L	Winnipeg Clinic Diagnostic Imaging Stonewall and District Health Centre Diagnostic Imaging
Lindsay D J	Johnson Memorial Hospital Lakeshore General Hospital Hunter Memorial Hospital Selkirk General Hospital E.M Crowe Hospital Gillam Hospital Leaf Rapids Health Centre Lynn Lake Hospital Thompson General Hospital
Lloyd R L	Southern Manitoba Diagnostic Imaging Corp. Altona Health Centre Boundary Trails Health Centre Carman Memorial Hospital Dauphin Regional Health Centre Morris Hospital Notre Dame Hospital Rock Lake Hospital Lorne Memorial Hospital
Lyons E A	Beausejour Health Centre Maples Surgical Centre (Ultrasound, Echocardiography)
Mabin D	Flin Flon General Hospital Snow Lake Hospital The Pas Health Complex
Major P	Manitoba Clinic Diagnostic Imaging
Maycher B	St. Boniface General Hospital Diagnostic Imaging
McClarty	St. Boniface General Hospital MRI
McGinn G	Manitoba X-Ray Clinic (Tache)
Pierce G W	Grace General Hospital Diagnostic Imaging
Rusnak B	Pine Falls Health Complex Pinawa Hospital Whitemouth District Health Centre
Sawka S E	Manitoba X-Ray Clinic (Henderson) Manitoba X-Ray Clinic (Westwood)
Shatsky M	Ste. Anne Hospital Desalaberry & District Health Centre Bethesda Hospital Vita & District Health Centre Mount Carmel Clinic
Stoski R	Concordia General Hospital Diagnostic Imaging
Tsuyuki S H	Tache Diagnostic Ltd. Riverview Health Centre
Wadhwa V S	Churchill Health Centre Diagnostic Imaging
Wilson M	Breast Health Centre Manitoba Breast Screening Unit (Brandon) Manitoba Breast Screening Unit (Winnipeg) Lac du Bonnet Health Centre X-Ray Department

Dialysis Directors and Facilities

Allan D R	Sherbrook Centre Dialysis Unit
Armstrong S	Seven Oaks General Hospital
Lam H P	CDU Health Sciences Centre
Riche B	Brandon Regional Health Centre
Reslerova M	St. Boniface General Hospital
Zacharias J	Home Hemodialysis/ Manitoba Local Centres Dialysis Units

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants Winnipeg Clinic – Nuclear Medicine
Makis V	Brandon Regional Health Centre

APPENDIX I

SUMMARY OF STATUTES RESPONSIBILITY - MINISTER OF HEALTH

THE ANATOMY ACT (A80)

- Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- Sets out who is entitled to claim a body.
- Regulates what can and cannot be done with bodies that are not claimed.

THE CANCERCARE MANITOBA ACT (C20)

- Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

THE CHIROPRACTIC ACT (C100)

- Authorizes The Chiropractors' Association to regulate chiropractors in Manitoba.

THE DEFIBRILLATOR PUBLIC ACCESS ACT (D22) (Not yet proclaimed)

- Allows the designation of public premises required to install publicly accessible defibrillators and establishment of requirements for the testing and maintenance of defibrillators in public premises by the Lieutenant Governor in Council.
- Requires the registration of defibrillators installed in public premises in a registry including their location and notification by the registrar of emergency 911 response services of the location of registered defibrillators.

THE DENTAL ASSOCIATION ACT (D30)

- Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

THE DENTAL HEALTH WORKERS ACT (D31)

- Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act*.

THE DENTAL HEALTH SERVICES ACT (D33)

- Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

THE DENTAL HYGIENISTS ACT (D34)

- Authorizes the College of Dental Hygienists to regulate dental hygienists.

THE DENTURISTS ACT (D35)

- Authorizes The Denturists Association to regulate denturists in Manitoba.

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)

(Except with respect to elderly persons' housing units as defined in the Act)

- Governs the establishment of housing accommodation for the elderly or infirm.

THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)

- Regulates the emergency medical response services and personnel and the stretcher transportation services and personnel.

THE DEPARTMENT OF HEALTH ACT (H20)

- Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the department.
- Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)

- Governs the establishment and operation of health and social services districts.
- No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH CARE DIRECTIVES ACT (H27)

- Recognizes that mentally capable individuals have the right to consent or refuse to consent to medical treatment even after they are no longer able to participate in decisions respecting their medical treatment.

THE HEALTH SERVICES ACT (H30)

- Governs the establishment and operation of hospital districts.
- No new hospital districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES INSURANCE ACT (H35)

- Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

THE HEARING AID ACT (H38)

- Provides for a Hearing Aid Board to license hearing aid dealers and deal with complaints.

THE HOSPITALS ACT (H120)

- Relates to the operation of hospitals except for private hospitals.

THE HUMAN TISSUE GIFT ACT (H180)

- Regulates organ and tissue donations in Manitoba. Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

THE LICENSED PRACTICAL NURSES ACT (L125)

- Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

THE MEDICAL ACT (M90)

- Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)

- Requires the payment of dues by members and non-members of the Manitoba Medical Association.

THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)

- Authorizes the College of Medical Laboratory Technologists to regulate medical laboratory technologists.

THE MENTAL HEALTH ACT (M110)

(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))

- Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- Governs the appointment and powers of committees for persons who are not mentally competent.

THE MIDWIFERY ACT (M125)

- Authorizes the College of Midwives of Manitoba to regulate midwives.

THE NATUROPATHIC ACT (N 80)

- Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

THE OCCUPATIONAL THERAPISTS ACT (05)

- Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

THE OPTICIANS ACT (060)

- Authorizes The Opticians of Manitoba to regulate opticians.

THE OPTOMETRY ACT (070)

- Authorizes the Manitoba Association of Optometrists to regulate optometrists.

THE PERSONAL HEALTH INFORMATION ACT (P33.5)

- Protects personal health information in the health system in Manitoba.
- Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

THE PHARMACEUTICAL ACT (P60)

- Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- Allows for the establishment and maintenance of a provincial drug formulary.

THE PHYSIOTHERAPISTS ACT (P65)

- Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

THE PODIATRISTS ACT (P93)

- Defines the practice of podiatry and provides for the regulation of the profession.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)

- Governs the operation and administration of the provincial drug benefit program.

THE PRIVATE HOSPITALS ACT (P130)

- Governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

THE PROTECTION FOR PERSONS IN CARE ACT (P144)

- Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

THE PSYCHOLOGISTS REGISTRATION ACT (P190)

- Authorizes the Psychological Association of Manitoba to regulate psychologists.

*THE PUBLIC HEALTH ACT**(P210)*

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.**(Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation (M.R. 78/2004) under *The Public Health Act*, which is assigned to the Minister of Healthy Living, Seniors and Consumer Affairs.)

THE REGIONAL HEALTH AUTHORITIES ACT (R34)

- Governs the administration and operation of regional health authorities.

THE REGISTERED DIETITIANS ACT (R39)

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

THE REGISTERED NURSES ACT (R40)

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

THE REGULATED HEALTH PROFESSIONS ACT (R117) (Parts 10 & 11 and certain other provisions in force June 1, 2011 remainder not yet proclaimed)

- Currently, there are 21 statutes dealing with different health professions. The RHPA will replace these statutes and bring all regulated health professions under one umbrella act.

THE SANATORIUM BOARD OF MANITOBA ACT (S12)

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

THE TESTING OF BODILY FLUIDS AND DISCLOSURE ACT (T55)

- This Act enables specified persons as listed below, who have come into contact with a bodily fluid of another person to get a court order requiring the other person to provide a sample of the fluid. The sample will be tested to determine if that person is infected with certain communicable diseases. Victims of crime, good Samaritans, firefighters, emergency medical response technicians and peace officers may apply for an order as well as any other person involved in an activity or circumstance prescribed by regulation.

THE TOBACCO DAMAGES AND HEALTH CARE COSTS RECOVERY ACT (T70) (Not yet proclaimed)

- Allows the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco related diseases.

APPENDIX II

LEGISLATIVE AMENDMENTS IN 2011 – 2012

A number of health statutes and regulations were amended, enacted or proclaimed in 2011/2012:

The Defibrillator Public Access Act

- To enable designation by regulation of public premises required to install one or more defibrillators Automated External Defibrillators (AEDs) and the criteria to determine how many AEDs are required to be installed in a premises.
- To require by regulation the measures that AED owners in public premises must take to make them accessible to the public, including posting signage respecting the location of the AED(s).
- To require AED owners to ensure the devices are properly tested and maintained and to keep maintenance records.
- To require AED owners in public premises to register their AEDs, including their location in the premises.
- To require the registrar of the AED register to notify emergency 911 response services of the location of registered AEDs for communication to bystanders in emergency situations where appropriate.
- To enable the Minister to appoint inspectors and provide inspection authority.
- To provide protection from liability for AED owners and users.
- To set out fines penalties for non-compliance with the Act.

The Regional Health Authorities Amendment Act (Accountability and Transparency)

- To require publication by each regional health authority (RHA) on its website of:
  - ➢ its annual report
  - ➢ the report of the comprehensive health assessment undertaken by the Authority in accordance with the Act
- To require each RHA to prepare, implement and publish on its website a 5 year strategic plan.
- To require all RHAs to be accredited in accordance with guidelines approved by the Minister.
- To require health corporations and health care organizations in receipt of funding or payments from a RHA to be accredited or participate in the Regional Health Authority's accreditation process in accordance with guidelines approved by the Minister.
- To require final accreditation reports to be published on a RHA's website within 60 days of receipt.
- To limit spending by the Winnipeg RHA on corporate costs to the lesser of 2.99% of its total operating costs or a smaller percentage specified by regulation.
- To enable limits to be placed on spending by northern and rural RHAs on corporate costs to be established by regulation.
- To require that expenses paid to each RHA Chief Executive Officers be published on the Regional Health Authority's website by June 30 of each year in accordance with the regulations.
- To require RHAs to:
  - ➢ Consult with residents of their regions to develop a declaration of patient values in accordance with guidelines and procedures approved by the Minister.
  - ➢ Report in their annual reports on activities undertaken to promote and support these values.
  - ➢ Establish and make available to patients a patient concern resolution process in accordance with the regulations.

The Prescription Drugs Cost Assistance Amendment Act **(Prescription Drug Monitoring and Miscellaneous Amendments)**

- To provide authority to establish a new category of drugs, called monitored drugs and to make the prescribing, dispensing and use of monitored drugs subject to increased monitoring.
- To provide clear authority to regulatory bodies that govern health professions authority to use information obtained under the Act to audit or investigate a member's prescribing or dispensing practices.

The Organ and Tissue Donation Awareness Day Act

- To proclaim Tuesday of the last full week in April of each year as Organ and Tissue Donation Awareness Day.

The Regulated Health Professions Act

- To proclaim into force the provisions in the Act establishing the Health Professions Advisory Council and to enable unregulated health professions to apply to be regulated under the Act.

REGULATIONS:

The Health Services Insurance Act

Amendments were made to:

- **The Residency and Registration Regulation** to ensure Manitoba maintains a competitive position in attracting international students by providing health care coverage to students who meet specified criteria.

The Psychological Association of Manitoba

- By-law no. 2 amended to allow members to temporarily inactivate their memberships, allow registration of psychologists from other jurisdictions who wish to practice for a specific purpose and limited period of time in Manitoba, and, to make continuing education compulsory.

The Medical Act

- The Registration of Medical Practitioners Regulation was amended to enable the implementation of the new Manitoba Practice Assessment Program to provide an additional route to full licensure for physicians.

The Pharmaceutical Act

- Repealed and replaced the **Manitoba Drug Interchangeability Formulary Regulation** as required to update the Formulary.

The Prescription Drugs Costs Assistance Act

- Amended the Prescription Drug Cost Payment of Benefits Regulation to increase the income-based deductibles that beneficiaries must pay before Pharmacare will cover the costs of drugs.
- Amended the Specified Drugs Regulation to update the Schedule.

The Registered Nurses Act

- The Extended Practice Regulation was amended to expand the prescribing authority of registered nurses (extended practice).

The Regional Health Authorities Act

- The Regional Health Authorities (General) Regulation was amended to designate the Women's Health Clinic Inc. that manages the birth centre located at 603 St. Mary's Road in the City of Winnipeg as a health corporation for the purposes of *The Regional Health Authorities Act*.
- The Regional Health Authorities (Ministerial) Regulation was amended to set out the costs that are included as corporate costs for the purposes of the cap on expenditures by the Winnipeg Regional Health Authority on corporate costs set out in the Act.

The Public Health Act

- The Bedding and Other Upholstered or Stuffed Articles Regulation was amended to reflect the change in the name of the ``Consumers' Bureau`` to the ``Consumer Protection Office."

The Regulated Health Professions Act

- Transition Period Regulation was enacted to deal with issues relating to the Health Professions Advisory Council during the transition of health professions from governance under profession specific Acts to governance under *The Regulated Health Professions Act*.
- Application and Investigation Cost Regulation was enacted to establish the fee for an application by an unregulated health profession to be regulated under the Act and to set out the costs that may be charged in relation to the investigation by the Health Professions Advisory Council of whether an unregulated health profession should be regulated.

Appendix III – Performance Reporting

The following section provides information on key performance measures for the department for the 2011-12 reporting year. Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit www.manitoba.ca/performance
Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2011/12 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Manitobans' access to cardiac surgery through the measurement of median wait times for cardiac bypass surgery by level of urgency.	Timely access to surgical services is important.	As of April 2007, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 5 days Level 2 (Semi-urgent): 11 days Level 3 (Elective): 31 days Overall, 97% of patients received their surgery within the benchmark.	As of April 2012, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 6 days Level 2 (Semi Urgent): 10 days Level 3 (Elective): 41 days Overall, 100% of patients received their surgery within the benchmark.	A high percentage of patients continue to receive their cardiac bypass surgery within the national benchmark.	Wait times are calculated based on patients who received surgery during the reporting period. The National Benchmarks for bypass surgery are as follows: 0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43-180 days for Level 3 (Elective). *Source:* Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/index.html?/index.html
Manitobans' access to radiation therapy for cancer through the measurement of median wait times for patients to commence radiation therapy treatment.	Timely access to treatment services is important.	The median wait time in April 2007 was 1 week for all cancer types. 93% of patients commenced their radiation therapy within four weeks (provincial guarantee).	As of April 2012, the median wait time for all cancer types was 1 week. 97% of patients commenced their radiation therapy within four weeks (provincial guarantee).	The median wait time continues to be well within the National Benchmark for radiation therapy and a high percentage of patients continue to commence their treatment within the provincial guarantee.	The National Benchmark and provincial guarantee for radiation therapy is 4 weeks. *Source:* Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/index.html?/index.html

(A) **What is being measured and using what indicator?**	(B) **Why is it important to measure this?**	(C) **Where are we starting from (baseline measurement)?**	(D) **What is the 2011/12 result or most recent available data?**	(E) **What is the trend over time?**	(F) **Targets, Timeframes, if applicable, and sources of information**
Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI).	Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death.	1979 rate: 140 deaths per 100,000 population 2009 rate: 29.3 deaths per 100,000 population	In 2010, the age-standardized mortality rate for heart attack (AMI) in Manitoba was 28.8 deaths per 100,000 population	The AMI mortality rate has declined dramatically in Manitoba and Canada, from approximately 140 deaths per 100,000 in 1979 to 28.8 per 100,000 in 2010.	Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension. *Source:* Manitoba Health; Vital Statistics data.
Diabetes prevalence rate as measured by the age- and sex-adjusted proportion of residents, one year and older, living with diabetes.	Prevalence and mortality rates may reflect on the performance of the system with respect to management of diabetes.	1988/89 age- and sex-adjusted prevalence: 3.0% Age- and sex-adjusted prevalence per 100 Manitoba residents: 2002/2003 – 5.4 2003/2004 – 5.6 2004/2005 – 5.8 2005/2006 – 6.1 2006/2007 – 6.3 2007/2008 – 6.4 2008/2009 – 6.6 2009/2010 – 6.7 Source: Manitoba Health administrative data.	Age- and sex-adjusted prevalence per 100 Manitoba residents: 2010/2011 – 6.9 Source: Manitoba Health administrative data *Notes: - Diabetes prevalence rates were calculated using the Canadian Chronic Disease Surveillance System (CCDSS) definition, and are not directly comparable to rates in previous versions of the *Annual Report*. - Diabetes prevalence rates were age- and sex-adjusted to the national standard 1991 Canadian population.	An increase in prevalence is observed in all RHAs, Districts and Sub-areas. Prevalence is particularly high in the North, and may be associated with income. (MCHP RHA Atlas)	Better diagnosis and reporting may have resulted in increased incidence. Better education and care may have resulted in the observed increased prevalence.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2011/12 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Telehealth: # Communities and end points (The higher number of end points indicate that some communities have more than one location equipped.) Utilization by category Utilization rates:	Shows the Province's ability to address access to care and education over geographically dispersed communities.	2007/08 Clinical: 4,876 Education: 1,230 Administration: 738 Tele-visit: 33 Other: 248 2004/05 4,369 Events	2011/12 Clinical: 12,301 Education: 2,317 Administration: 1,482 Tele-visit: 62 Other: 21 2011/12 total utilization: 16,183 2011/12 total number of sites: 112 sites and 202 endpoints	MBT predicts **10** sites to be added in the next fiscal year. Average Annual Growth (from 2007/08 to 2011/12 Fiscal years): Clinical: 26% Education: 17% Administration: 19% Tele-visit: 27% Other: -34% 127% growth in # of events from 2007/08 (7,125) to 2011/12 (16,183)	MB Telehealth Fiscal Utilization Reports from 2003/04 to 2011/12

APPENDIX IV

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counselling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed, is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health for fiscal year 2011-2012:

Information Required Annually (per Section 18 of The Act)	**Fiscal Year 2011- 2012**
The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)*	No disclosures were received.
The number of investigations commenced as a result of a disclosure. *Subsection 18(2)(b)*	No investigations commenced in 2011-2012. There were no findings of wrongdoing under the Act.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	No investigations commenced in 2011-2012. There were no findings of wrongdoing under the Act.

APPENDIX V

SUSTAINABLE DEVELOPMENT

The Sustainable Development Act (The Act) was proclaimed in July 1998. The overall goal of sustainable development is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Principles and guidelines of sustainable development have been established to guide all departments in the Province of Manitoba in their efforts to attain this goal. For an activity to be sustainable it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on Manitoba Health's efforts toward sustainable development, as defined under The Act, this Annual Report provides examples of the ongoing progress and accomplishments of Manitoba Health in incorporating the principles and guidelines of sustainable development. The chosen examples are not all-inclusive, and more detail related to sustainable development activities within Manitoba Health can be further examined within each appropriation of the Annual Report.

PRINCIPLES AND GUIDELINES (SECTIONS 1–13)

1. INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS

Manitoba Health is dedicated to taking actions that foster the principles of integrating the environment and economics into the decision making process, specifically in the areas of human health and social consequences.

HIGHLIGHTS:

Insured Benefits: provides funding of core health services that are continually changing to increase efficiencies, effectiveness and appropriate health care delivery to Manitobans in an economical and sustainable manner. Examples of core health services include funding of hospital services, air ambulance transfers, out-of-province transport services, and links to special programs covering eyeglasses, breast prostheses, hearing aids, orthopaedic shoes, contact lenses, telecommunications equipment for the profoundly deaf or speech impaired, and transportation subsidies.

Regional Programs and Services: continues to monitor and measure the benefits of services to the public and reports on these activities to the Minister to facilitate decision making and ensure that long-term strategies and actions are effective. This division provides direction in northern, rural and urban areas of the province, as well as reporting on specific areas of service, such as patient safety, cardiac services, cancer care, palliative care, home care, long-term care and dialysis.

Northern Nursing Stations: oversees cost-effective and quality health care to various northern communities through the management of community nursing stations.

Public Health and Primary Health Care: supports executive management in planning and providing guidance to regional health authorities (RHAs) in implementing cost-effective primary health care initiatives to improve the health of Manitobans and access to services.

Selkirk Mental Health Centre: delivers compassionate, respectful and cost-effective inpatient treatment and rehabilitation services to all residents of Manitoba whose mental health needs cannot be met elsewhere in the health system.

2. STEWARDSHIP

Manitoba Health is dedicated to implementing policies that facilitate decisions to all of the above elements of a sustainable stewardship. Stewardship is enacted by the Minister of Health who administers over 45 Acts. Each Act delegates its authority through regulations, policy development and indirectly through managerial direction to ensure that stewardship of our health system is upheld within standards outlined within the *Canada Health Act,* as well as provincial standards to ensure that the health of Manitobans is optimized. A sample of these acts is listed below. For more detail and information on all the acts that facilitate stewardship, please see the section "Summary of Statutes Responsibility."

HIGHLIGHTS:

The Regional Health Authorities Act: governs the administration and operation of RHAs.

The Personal Health Information Act: protects personal health information in the health system in Manitoba.

The Public Health Act: provides the power and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

The Health Services Insurance Act: governs the administration of the Manitoba Health Services Insurance Plan as it relates to the cost of hospital services, medical services, personal care services and other health services.

The Prescription Drugs Cost Assistance Act: governs the operation and administration of the provincial drug benefit program.

3. SHARED RESPONSIBILITY AND UNDERSTANDING

Manitoba Health continually collaborates with RHAs, inter-sectoral organizations, federal government and stakeholders to better understand the views of others. This in turn facilitates equitable management of our health system. To facilitate shared responsibility and understanding, Manitoba Health directs its resources through specific units/branches that accommodate these activities in the health system.

HIGHLIGHTS:

Aboriginal Health and Northern Health Office: supports and promotes the cultural diversity among the First Nations, Métis and Inuit populations in Manitoba. Aboriginal Health and Northern Health Office works collaboratively with the federal government, other branches within Manitoba Health, provincial departments, RHAs and Aboriginal political territorial organizations. This Branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community.

Federal/Provincial Policy Support: represents Manitoba on the Federal/Provincial/Territorial Advisory Committee on population health and security to express Manitoba's views and participate in inter-sectoral issues.

Regional Programs and Services: participates on RHA committees and maintains communication with all RHAs to ensure that Manitoba Health has an ongoing understanding of the issues and concerns within Winnipeg and throughout Manitoba.

Health Workforce Strategies: works in partnership with RHAs, regulatory and professional bodies, the education sector and other stakeholders to support the linkage between health human resource planning and departmental policy. Activities undertaken include the planning, developing, implementing and monitoring of health human resource supply and strategies to address the demands in health service delivery.

Health System Development: worked on governance and accountability consultation to the health authorities, coordination of community health assessment and health planning, database support for departmental structures and processes, policy support for the division and monitoring of regional accountability practices.

4. PREVENTION

Prevention is at the forefront of Manitoba Health. Manitoba Health has a vested interest in ensuring that Manitobans are healthy and that controls and measures are in place to prevent health-related threats from impacting the general population. Ultimately, legislation is drafted, created or refined to ensure that prevention measures are in place to make the most positive impact to optimize the health and social well-being of Manitobans.

HIGHLIGHTS:

Cadham Provincial Laboratory: provides increased detection of various diseases that assist decision making in the decrease of the transmission of disease in Manitoba. This includes enhanced surveillance of infectious diseases to aid in outbreak identification and prevention. Also, state-of-the-art diagnostic testing for bacteria that are antibiotic resistant, toxin producing or cause food poisoning is done to improve infection control in hospitals, personal care homes and the community.

Office of the Chief Provincial Public Health Officer: ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile Virus, Pandemic Influenza and Avian Influenza, are reviewed and updated. This office provides news releases to the public in regard to public health warnings and prevention measures to be taken to lessen the risk of these threats.

Public Health Programs and Strategies Branch: provides health surveillance, analysis of public health threats and provides outbreak surveillance and epidemiological expertise related to norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management. Also, the Branch integrates education into the continuum of diabetes prevention, care, research and support. The Public Health Branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders.

Emergency Preparedness Branch: continues to work with RHAs in implementing their disaster management programs. Incident management systems are in place to respond to a variety of emergencies and disasters throughout the province. The Emergency Response Management System has been developed to respond to large scale health sector emergencies such as pandemic influenza.

Corporate Services: manages and maintains the provincial policy framework. Examples of provincial policy direction related to prevention include: integrated risk management; quality audits; internal disclosure of staff concerns; reporting of critical clinical occurrences; RHAs guide to health services; and reporting significant changes to the Office of the Chief Medical Examiner.

5. CONSERVATION AND ENHANCEMENT

Manitoba Health is dedicated to making decisions that foster protection and enhancement of the ecosystem and the process that supports all life and actions and decisions which foster conservation and enhancement of resources.

HIGHLIGHTS:

Capital Planning: continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. This includes continued improvements, such as Power Smart Standards for new construction and renovation projects.

Public Health Programs and Strategies Branch: responds to chemical, microbiological and social public health issues. The Branch monitors and participates in a coordinated response to environmental health issues to Manitobans with a mandate for environmental health risk assessment, food protection, tobacco reduction and dental/oral health.

6. REHABILITATION AND RECLAMATION

Manitoba Health is committed to rehabilitation and reclamation of areas and resources that have been damaged as they represent themselves.

HIGHLIGHT:

Capital Planning: oversees infrastructure projects that support investment in state-of-the-art medical equipment, the development of new projects and rehabilitation of aging community facilities.

7. GLOBAL RESPONSIBILITY

Manitoba Health continues to take actions that foster a global approach to decision making with the goal of identifying and preventing the occurrence of possible adverse effects.

HIGHLIGHTS:

Federal/Provincial Policy Support: conducts negotiations on cooperative initiatives with Pan-Canadian institutions and policy approaches, as well as advises leadership in the planning processes for the development of strategic priorities and directions for the health system.

Office of the Chief Provincial Public Health Officer: participates in the development and implementation of policies on environmental issues related to drinking and recreational water and air quality. For example, this office assesses health risk and provides information on various health concerns, such as asbestos in vermiculite insulation.

8. EFFICIENT USE OF RESOURCES

Manitoba's health system accounts for 42% of the provincial budget and as public expectations on health care services keep rising, costs continue to go up and the sustainability of our publicly funded system is strained. Manitoba Health strives for the efficient use of resources and maximizing the use of public funds. This includes all aspects of sustainability to encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision makers.

HIGHLIGHTS:

Medical Labour Relations: operates an efficient and effective information network to support decision making; coordinates ongoing meetings with the Winnipeg Regional Health Authority and Manitoba Health Finance; and provides site orientation visits with participating health authorities.

Provincial Drug Programs: continues to look at efficiencies of the drug review process to reduce costs and/or provide timely access to new medications. This includes specific recommendations from the Drug Management Policy Unit.

Funding to Health Authorities: directs expenditures in an efficient and expedient manner. These funds are allocated to provincial-wide appropriations (as per this Annual Report) and to health authorities in accordance with targets established through the estimates process, health plan process and ministerial direction.

Provincial Health Services: throughout Manitoba Health, various units are tasked, in some cases with third parties, to provide services to the public, such as: out-of-province hospital services; blood transfusion services; federal hospitals; prosthetic and orthotic devices; healthy communities development; and the Nurses Recruitment and Retention Initiative.

Emergency Medical Services: provides provincial leadership in the surveillance of the air and land ambulance transport system to ensure that patient care standards are in place, safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program occurs, and evaluations of licensed emergency medical services, including vehicle, equipment and processes, are conducted.

9. PUBLIC PARTICIPATION

Manitoba Health strives to support and take actions that establish or change departmental legislation, procedures or processes that foster public participation in decision making, planning and program delivery. This ensures that processes are fair, appropriate appeal mechanisms are in place and that processes and procedures foster consensus decision- making approaches.

HIGHLIGHTS:

Legislative Unit: communicates and reviews feedback from stakeholders, including consultations with the public, in regard to many of the proposed amendments to the ministerial Acts. Recent examples are *The Personal Health Information Act* Review Steering Committee and *The Public Interest Disclosure (Whistleblower Protection) Act*.

Mental Health Review Board: hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.

Manitoba Health Appeal Board: receives appeals related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the Minister by maintaining links between the minister, the health care community and the community at large.

The Protection for Persons in Care Office: serves as a resource for those working in health facilities, as well as anyone in the general public, who have a duty to report suspected abuse or the likelihood of abuse to the Protection for Persons in Care Office.

Aboriginal and Northern Health Office: ensures that dialogue continues between the public and Aboriginal organizations, First Nations organizations, the Province of Manitoba and the First Nations and Inuit Health Branch – Health Canada, to ensure that decisions are made that benefit northern communities in Manitoba and those people of Aboriginal descent.

French Language Services: provides availability and accessibility to service and material in French for the French-speaking population of Manitoba.

10. ACCESS TO INFORMATION

Manitoba Health strives to take actions to improve and update data and information bases and the establishment or changes made to procedure, policy or legislation which makes departmental and provincial information more accessible to the public.

HIGHLIGHTS:

Legislative Unit: continues to provide information and formal presentations on *The Personal Health Information Act* to health information trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public, to assist them in understanding their rights and appeal processes.

Administration and Finance: prepares financial reports and documents such as Supplementary Information for Legislative Review, Quarterly Financial reports, and the Annual Report in accordance with legislative, Treasury Board and senior management requirements.

Information Systems: continues development and maintenance of databases to support internal and third-party information requirements, as well as development of an eHealth infrastructure.

Health Information Management: provides data sources for Manitoba Health, the Minister, RHAs and the public which is accessible internally or on the department's website. This includes managing Manitoba Health's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information and includes related data provisions to those organizations.

11. INTEGRATED DECISION MAKING AND PLANNING

Manitoba Health takes necessary measures to establish and amend decision-making and planning processes to make them more efficient, timely and to address and account for inter-generational effects.

HIGHLIGHTS:

Information Systems: works collaboratively with outside agencies to successfully secure funding and manage information systems. This includes integration of decision and planning with multiple organizations to standardize data definitions with vendors and to support health system programs.

12. WASTE MINIMIZATION AND SUBSTITUTION

Manitoba Health is committed to taking actions that promote the use of substitutes for scarce resources and reduce, reuse, recycle or recover.

HIGHLIGHTS:

- Ongoing Blue-bin recycling program at 300 Carlton Street, 1680 Ellice Avenue and 750 William Avenue sites. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- Staff are continually encouraged to save waste papers for recycling. Paper recycling boxes are provided in all offices and recycled on a regular basis.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to all network printers to provide double-sided print capabilities to reduce paper consumption.
- Continue to develop electronic systems to minimize paper copies.

13. RESEARCH AND INNOVATION

Manitoba Health is active in establishing programs and actions which encourage and assist in the research, development, application and sharing of knowledge and technologies which further sustainability.

HIGHLIGHTS:

Health Information Management: utilization of a digital dashboard within Manitoba Health and updated monthly to provide the Minister and senior management with up-to-date information on key areas such as wait times. Also, the Health Information Gateway, an internal intranet site, was expanded to facilitate department staff access to health publications and data.

Manitoba Centre for Health Policy: continues to provide funding for policy evaluation and research initiatives.

Office of the Chief Provincial Public Health Officer: continues educational sessions in a variety of settings related to life threatening infections and diseases.

Aboriginal and Northern Health Office: works in collaboration with Aboriginal people who have an interest in entering the health care workforce.

PROCUREMENT GOALS (SECTIONS 14-18)

14. EDUCATION, TRAINING AND AWARENESS

To meet the intent of this goal, Manitoba Health enacts changes to develop a culture that supports sustainable procurement practices within the department.

HIGHLIGHTS:

- All areas are encouraged to include sustainable development topics in their monthly/quarterly divisional meetings.
- An internal website for sustainable development communication within the department has been developed and is continually updated.
- Government-wide directives on sustainable development initiatives, such as recycling papers and toner cartridges, are continually enforced.
- Staff are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible.

15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION

To meet the intent of this goal, Manitoba Health has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities, as well as providing a safe and healthy working environment for staff.

HIGHLIGHTS:

- Smoking by staff in government buildings and vehicles is prohibited.
- Air quality in work places is continually monitored.

16. REDUCTION OF FOSSIL FUEL EMISSIONS

To meet the intent of this goal, Manitoba Health needs to reduce fossil fuel emission of its operations and activities.

HIGHLIGHTS:

- Encourage staff to participate in the "Commuter Challenge" initiative aimed at promoting alternate means to commute to work and help reduce gas emissions through cycling, walking, rollerblading, taking the bus or carpooling. Promotion efforts are targeted to Manitoba Health staff on ways individuals can contribute to the efforts against climate change.

17. RESOURCE CONSERVATION

To meet the intent of this goal, Manitoba Health needs to reduce consumption of resources in a sustainable and environmentally friendly manner.

HIGHLIGHTS:

Capital Planning: work with Manitoba Hydro to ensure that facility construction projects meet standards for energy efficiency and are Power Smart. The main objective is to achieve Power Smart designation to communities and health centres.

18. COMMUNITY ECONOMIC DEVELOPMENT

To meet the intent of this goal, Manitoba Health would need to ensure that procurement practices foster and sustain community economic development.

HIGHLIGHTS:

- Whenever possible, Aboriginal vendors are invited to list in the Aboriginal Business Registry to submit a response to services being tendered.
- Manitoba Health's Aboriginal and Northern Health Office supports the Aboriginal Human Resource Strategy implemented by the RHAs.
- Manitoba Health participates in the Manitoba Strategy to improve Aboriginal well-being with the Department of Indian and Northern Affairs that includes a Manitoba approach to community development.